



Diana Santantonio, Ed. S. Associates, LLC

Acknowledgement Form

When we examine, diagnose, treat, or refer you we will be collecting what the law calls Protected Health Information (PHI) about you. This information could include psychological test results, your comments made during therapy, and our observations of you during therapy. We need to use this information to decide on what treatment is best for you and to provide treatment to you. We may also share this information with others who need it to arrange payment for your treatment. Our policies regarding how we protect your PHI are detailed in our Notice of Privacy Practices document. When we share your PHI with other treatment providers outside of our office we will ask you to sign an authorization to release information. You can always ask us where we have released any of your PHI to and we will be glad to inform you. You can also ask for a copy of any authorization form you are asked to sign.

By signing this form you are acknowledging that you received our Notice of Privacy Practices document. You are also acknowledging that you have been informed a full version of the Notice of Privacy Practices is readily available in our waiting room area (in a red binder). If you cannot locate this document please ask a secretary.

Signature of client or his or her personal representative	Date
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Printed name of client or personal representative	Relationship to the client
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Description of personal representative's authority

Date the NPP _____ was given to the client/parent/personal representative