

Acknowledgement of HIPAA Notification

I understand that Angela Romeo, Psy.D., is a licensed psychologist in the state of Texas, license #34222. I acknowledge the receipt of the HIPAA Notice of Privacy Practices for my review. I understand that the HIPAA form will remain available on Dr. Romeo's website but that I may always request a hard copy if I am unable to access it.

Client's Printed Name

Client's Signature

Date