

Psychiatric Services of Prescott, P.L.L.C

Acknowledgement of Privacy Policy

By signing this form, you acknowledge that Psychiatric Services of Prescott, P.L.L.C. has given you a copy of its Privacy Notice, which explains how your health information will be handled in various situations. We must try to have you sign this form on your first date of service with us.

Patient Name: _____

Check all that are true:

- I have received Psychiatric Services of Prescott, P.L.L.C.'s Privacy Notice.
- Psychiatric Services of Prescott, P.L.L.C. has given me the chance to discuss my concerns and questions about the privacy of my health information.

Patient's Signature: _____ Date: _____