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NOTICE OF PRIVACY PRACTICES
RECEIPT AND ACKNOWLEDGMENT OF NOTICE

Name: _____

Date of Birth: _____

Social Security Number: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices of Kristen Wright, PsyD. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact Kristen Wright, PsyD.

Signature of client Date

Signature of Parent, Guardian or Personal Representative* Date

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

Client refuses to acknowledge receipt of Notice:

Signature of Practitioner Date