



PSYCHOLOGICAL ASSESSMENT & TREATMENT  
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**NOTICE OF RECEIPT OF POLICY REGARDING PROTECTED HEALTH INFORMATION**

Please sign below to indicate that you have been given the opportunity to review Russel Thompson, PhD's policies regarding protected health information. If you request it, we will provide you with a paper copy of the policy

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**