

Devlin Kelly, Ph.D.

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Acknowledgement of Receipt of Notice of Privacy Practice

I acknowledge receipt of the *Notice of Privacy Practices* of Devlin Kelly, Ph.D.

Patient name: _____

Signature: _____ Date: _____

It is your right to refuse to sign this document.

Inability to obtain Acknowledgement of Receipt of Notice of Privacy Practices.

Reason not obtained:

_____ Patient refused to sign.

_____ An emergency situation prevented obtaining it.

_____ Other: _____

