



Grelling Psychology Associates

sensitive, professional care for individuals and families

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www.drgrelling.com

RECEIPT OF HEALTHCARE PRIVACY PRACTICES

Name of Patient: _____ Birthdate: _____

I have either received or downloaded and reviewed a copy of Grelling Psychology Associates' "**Notice of Policies and Practices to Protect the Privacy of Your Health Information.**" I understand the contents of the document.

Patient or Personal Representative Signature

Printed Name

Personal Representative's Authority
(e.g. "Mother")

Date

Mailing Address: 21C Orinda Way #141, Orinda, CA 94563
Office Address: 61 Avenida de Orinda #110, Orinda, CA 94563