Kristen Herzel, Ph.D.
Developmental Neuropsychology
PA Licensed Psychologist PS 009271-L
DE Licensed Psychologist B1-0011433
PA Certified School Psychologist 02039315
Licensed to Practice Interjurisdictional Telepsychology under PSYPACT
1489 Baltimore Pike, #208, Springfield, PA 19064
(610) 541-0710

Acknowledgement of Receipt of Dr. Kristen Herzel's Notice of Privacy Practices

I/We, _____ acknowledge that we have received, read, and understood Dr. Kristen Herzel's Notice of Privacy Practices. By signing this form, I/we understand that during treatment with Dr. Herzel, she will be collecting what the law calls "protected health information" (PHI) about my/our child and my/our family. I/we understand that Dr. Herzel needs to use this information in her office to decide on what evaluation or treatment is best for my child and family and to provide evaluation and treatment to my child and family. My signature below acknowledges that I have read Dr. Herzel's Notice of Privacy Practices, which explains in more detail what my rights are and how Dr. Herzel can use and share my information.

If you do not sign this form agreeing to our privacy practices, I cannot consult with you or evaluate your child. In the future, I may change how I use and share your information, and so I may change my notice of privacy practices. If I do change it, you can obtain a copy from me when you visit my office or by calling me at 610-541-0710.

After you have signed this consent, you have to right to revoke it by writing to me. I will then stop using or sharing your PHI, but I may have already used or shared some of it, and I cannot change that.

_____ _____
Child's Name Date of Birth

_____ _____
Signature of client or legally authorized representative Date

_____ _____
Printed name of client or legally authorized representative Relationship to the client

_____ _____
Signature of client or legally authorized representative Date

_____ _____
Printed name of client or legally authorized representative Relationship to the client

_____ _____
Witnessed by Date

Date of NPP __9/23/2013_____ ☐ Copy given to the client/parent/authorized representative