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C L I N I C A L P S Y C H O L O G I S T

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**ACKNOWLEDGMENT OF RECEIPT OF NOTICE  
OF PRIVACY PRACTICES**

As of April 14, 2003, medical and mental health practitioners are required by law to provide their patients with a Notice of Privacy Practices, reflecting new federal regulations relating to Personal Health Information (PHI). You do not have to read this Notice, you only need to acknowledge that it was given to you. Even before these new federal laws went into effect, I can assure you that I and other psychologists have been dedicated to protecting the privacy of their clients and the confidentiality of psychotherapy information and records.

**I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THE NOTICE OF PRIVACY PRACTICES PROVIDED BY THIS OFFICE.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_