

Elizabeth Shryer Boyle Psychological Services

1599 Selby Avenue, Suite 103
Saint Paul, MN 55104
Phone: 651-789-4746 Fax: 651-393-5423
Web: <http://esboyleclinic.com>

Dear Patient:

This is to acknowledge that you have received a copy of the clinic's policy on Protected Health Information and (HIPAA) and the Minnesota Psychology Client and Psychologist's Rights and Responsibilities. If you misplace your copy and want an additional copy you may ask for one in person at the office or write for a copy at the above address.

Yes, I have received a copy _____

Patient Printed Name

Signature

Signature of Parent or Guardian (or responsible party if appropriate)

Date Received _____

10/09/2014