

Please fill out the following page and bring with you to first appointment.

Fran Davis, Ph.D.

Acknowledgment Form For Notice of Privacy Practices for Clients

Print Patient Name:

By signing this, I acknowledge that I have received a copy of Dr. Fran Davis' *Notice of Privacy Practices for Clients*.

Signed: _____

If the signature above is not the patient's, please specify your relationship to the patient:

Date: / /

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