

Behavioral Health Enhancement Services

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Acknowledgement of Receipt of HIPAA Notice of Privacy Practice

Patient Name: _____ Patient Date of Birth: _____

Carl King, PhD is required by law to maintain the privacy of and provide individuals with the attached Notice of our legal duties and privacy practices with respect to protected health information. If you have any objections to the Notice, please speak with Carl King, PhD in person or by phone at the main phone number. If you would like a copy of the Notice, please ask. I hereby acknowledge that I have reviewed the HIPAA Notice of Privacy Practice document.

Signature of patient or patient's representative/parent Date

Printed name of patient or patient's representative/parent

Relationship to patient