

JAMES M. CONTI, Ph.D., LLC

Licensed Psychologist

Licensed Marriage & Family Therapist, Certified E-Therapist, Certified Advanced Imago Relationship Therapist,
Certified Imago Workshop Presenter, Certified Gottman Therapist, Certified Advanced Alcohol & Drug Counselor,
Approved Consultant American Society Of Clinical Hypnosis

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

By signing this form I acknowledge that I have received the Notice of Privacy Practices and have been provided an opportunity to review and ask questions

PATIENT NAME: _____

ADDRESS: _____

PHONE:(CELL) _____ (HOME) _____ (WORK) _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

2ND PATIENT NAME: _____

ADDRESS: _____

PHONE:(CELL) _____ (HOME) _____ (WORK) _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

3RD PATIENT NAME: _____

ADDRESS: _____

PHONE:(CELL) _____ (HOME) _____ (WORK) _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____