

Applied Behavioral Strategies

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received a copy of Notice of Privacy Practices for Dr. Melissa L. Olive and Applied Behavioral Strategies LLC. That notice:

- Tells me how my protected health information (PHI) will be used for my treatment, for payment for my treatment and for business operations.
- The notice explains in detail how my PHI may be used with and without my consent.
- My PHI will only be used as allowed by law.
- If I receive services from Dr. Melissa L. Olive or Applied Behavioral Strategies, I am consenting to the use of my PHI for the purposes outlined in the Notice of Privacy Practices.

Patient Name: _____

Date of Birth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Patient's Parent/Guardian: _____

Address (if different): _____

City: _____ State: _____ Zip: _____

Signature of patient or legal representative

Signature of witness

Date: _____

Date: _____