

Anthony Zamudio, Ph.D.
Clinical Psychology
License #: PSY10758
3786 La Crescenta Ave, Suite 101-102
Glendale, California 91208
818-546-8885

Acknowledgement of Receipt of Notice of Privacy Practices

Patient's Name: _____ Date of Birth: _____

Patient's Name: _____ Date of Birth: _____

Parent/Guardian's Name (if client is a minor): _____

By signing below, I hereby acknowledge receipt of **Anthony Zamudio, Ph.D.'s** Notice of Privacy Practices.

Signature of Patient (Parent or Guardian if
patient is a minor)

Date

Signature of Patient (Parent or Guardian if
patient is a minor)

Date

For Therapist use only:

Date: _____

Dr. Anthony Zamudio has made good faith efforts to obtain written acknowledgement of receipt of the Notice of Privacy Practices, but has been unable to obtain it. The following efforts were made:

The written acknowledgement was unable to be obtained for the following reasons:

Signature

Date