DEBORAH S. LYONS Ph.D.

4310 Medical Parkway, Suite 103 Austin, TX 78756
512.459.1272 • dlyonsphd@gmail.com
www.deborahslyonsphd.com

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT FORM

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND ACCEPT THE NOTICE OF PRIVACY PRACTICES AND SERVES AS ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED A COPY OF SAME SAID NOTICE FORM AS REQUIRED BY HIPAA.

_____

Printed Name of Patient

_____ _____

Signature of Patient Date

_____ _____

Signature of Parent/Legal Guardian Date

_____ _____

Signature of Parent/Legal Guardian Date

_____ _____

Signature of Witness Date

(9/03)