



121 Coulter Avenue
Ardmore, PA 19003
484.412.8316

www.mainlinepsychiatric.com

PATIENT ACKNOWLEDGMENT OF RECEIPT OF HIPAA NOTICE OF PRIVACY PRACTICES

Effective Date: November 1, 2012

Patient Name: _____ **Birth Date:** _____

I acknowledge that I have received a copy of the HIPAA Notice of Privacy Practices of Main Line Psychiatric, Dr. Taliba Foster, MD, Medical Director, effective June 1, 2012 and have read it carefully.

Patient Signature: _____ **Today's Date** _____