

Lee H. Saltzman, Psy.D.
112 West 56th Street, Suite 15S
New York, NY 10019
(646) 319-7498

**PATIENT ACKNOWLEDGEMENT
OF
THE NOTICE OF PRIVACY PRACTICES**

PATIENT NAME:

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices of
Lee H. Saltzman, Psy.D.

Signature of Patient (or authorized representative)

Name of Patient (please print)

Date