Receipt of Notice of Privacy Practices

I acknowledge that Dr. Blakeslee’s office has given me a copy of the Notice of Privacy Practices form with an effective date of 4/23/2013.

Initials: _________

Email Communications Acknowledgement

I acknowledge and understand the risks of communicating health information via unencrypted email and hereby consent to receive such communications despite those risks. Messages containing clinically relevant information may be incorporated into the email at the provider’s discretion. By signing below, I also acknowledge that I have the choice to receive communications via other more secure means such as by telephone. We take great care to preserve your confidentiality.

By signing below, I agree to hold David E. Blakeslee, Psy.D., P.C. harmless for unauthorized use, disclosure, or access of my protected health information sent to the email address provided.

Initials: _________

_________________________________ __________________

Signature Date