



Children's Psychological Services
www.childrenspsychologicalservices.com
Tel: 415-484-8479

Notice of Privacy Act

Please complete this form with you printed and signature acknowledging that you have received a copy of the Children's Psychological Services Privacy Notice. If you are completing the form as an individual's parent or legal guardian, please provide us with his or her name as well.

I acknowledge that I have received a copy of Children's Psychological Services Notice of Privacy Practices.

Child's Full/Legal Name

Date of Birth

Parent #1/Legal Guardian Signature

Printed Name

Parent #2/Legal Guardian Signature

Printed Name