Lynn Renfroe, PsyD — Licensed Clinical Psychologist (CA #21536)

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HIPAA Notice of Privacy Practices — Acknowledgement (Fillabl

I acknowledge that I have received and had an opportunity to review the Notice of Privacy Practices for:

Lynn Renfroe, PsyD — Licensed Clinical Psychologist (CA #21536)

I understand this Notice explains how my health information may be used and shared, my rights, and how to exercise them.

Client Name _____

Signature _____

Relationship to Client (if applicable) _____