



Receipt Acknowledgement and Consent Form

- ❖ I acknowledge that I have received Dr. B. Beth Cohen’s HIPAA Notice of Privacy Practices (updated June 20, 2016), for my review. I understand that the HIPAA notice will also be available in Dr. Cohen’s office, and I may request a hard copy at any time.
- ❖ I acknowledge that I have also received the following documents (I’ve checked the applicable titles). I have read, had the opportunity to ask questions about, and understand the policies described in documents checked below. I agree to comply with these policies.
 - “Client Information and Policies” (updated 1/5/2022).
 - “Telepsychology Services: Additional Info and Policies (updated 1/5/2022)
 - “Electronic Communication Policy” (updated 6/20/2016).
 - “For Adolescents: Additional Info and Policies” (updated 6/17/2016).
 - “For Parents/Guardians of Adolescents: Additional Info and Policies” (updated 3/15/2017).
 - “For Couples/Relationship Counseling: Additional Info and Policies” (updated 3/15/2017).
- ❖ I understand that if I have any questions regarding the HIPAA notice about my privacy rights or any of the other documents, I can ask Dr. Cohen, or her practice manager, George J. Dillmann, 118 N. Tioga St., Ithaca, NY 14850, phone 607-319-5778.
- ❖ I have signed in the relevant section below.

For Clients:

Client name (printed)	Signature	Date
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Client name (printed)	Signature	Date
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For Parents/Guardians/Other Responsible Parties:

Printed name and relationship to client	Signature	Date
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Printed name and relationship to client	Signature	Date
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Acknowledged by: _____ Date _____
 B. Beth Cohen, Ph.D.