

ACKNOWLEDGEMENT OF RECEIPT OF NOTIFICATIONS

I acknowledge the receipt of the HIPAA Notice of Privacy Practices for my review. I understand that the HIPPA form will remain available on Crossroads Institute's website, www.crossroads-psych.com, but that I may always request a hard copy if I am unable to access it.

Print name and Sign

Date

Print name and Sign

Date

I acknowledge the receipt of Crossroads Institute's Social Media Policy for my review. I understand that the Social Media form will remain available on Crossroads Institute's website, www.crossroads-psych.com, but that I may always request a hard copy if I am unable to access it.

Print name and Sign

Date

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Date