

Cathy Goldfarb, Psy.D., LCSW

**Signature Page for HIPAA Information**

All health care providers are required by law to inform patients of how communication about their medical care is exchanged among other health care providers, and other entities. Please read the HIPAA Information that this office has provided to explain the limits of confidentiality. Please then sign the statement below and return to the address above.

I have received the Health Insurance Portability and Accountability Act (HIPAA) Information that was provided by Cathy Goldfarb, Psy.D., LCSW.

Patient Name (please print): \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_