

Stephanie T. Ho, Ph.D.
Licensed Psychologist, PSY23000
2725 Jefferson St., Suite 6-103
Carlsbad, CA 92008
760.688.9364

I, _____, a client of Dr. Stephanie T. Ho, received the HIPAA Notice of Privacy Policies and Practices. My therapist has discussed this document with me. I have been informed that, should I have any questions regarding this document or do not understand the information in the Notice, I may direct these questions to Dr. Ho.

Client Name: _____

Signature: _____ Date: _____

If minor, name of parent or legal guardian: _____

Signature of parent or legal guardian:

_____ Date: _____