

**Weston PsychCare, P.A.
2625 Executive Park Drive
Suite 3
Weston, Florida 33331
954-385-4696**

REVIEW OF HEALTHCARE PRIVACY POLICY

**I, _____, have reviewed the document “Notice of
Healthcare Professionals’ Policies and Practices to Protect the Privacy of Your
Health Information.” I understand the contents of the document.**

Patient Name

Signature of Patient or Legal Guardian

Date