

**Judith Vanderryn, Ph.D. LLC's** Privacy Practice Notice is on display in the waiting room. I acknowledge it has been available for me to read and I understand my rights as stated.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnessed by \_\_\_\_\_