

## HIPAA Signature Form

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**Name**

**Date of Birth**

### **Acknowledgement of Michigan Notice of Privacy and Psychologist-Client**

I acknowledge that I have received a Psychologist-Client Services Agreement Form from Christine C. Cantrell, PhD, and know where to locate it on [www.christinecantrell.com](http://www.christinecantrell.com). I understand that I have specific rights regarding my treatment and any disclosures concerning my records. I understand how and where I may file a records request and a consumer complaint if I desire to do so. I understand that all records requests must be made in writing, including my reasons for the request, and I understand that Christine C. Cantrell, Ph.D. will respond to most requests within 30 days of my request.

Signed:

Date: