1

Jennifer Roberts, Ph.D.

Licensed Psychologist (CO #3726)

19 Old Town Square, Suite 238

Fort Collins, CO 80524

(646) 526-3116

The Law requires that I obtain your signature acknowledging that I have provided you with

the following information:

Colorado Notice Form

Notice of Psychologists’ Policies and Practices to Protect the Privacy of Your Health Information

By signing below, I acknowledge that I have received from Jennifer Roberts, Ph.D. the

information listed above. I also understand that it is very important that I read this

information carefully before our next session. I understand that I can discuss any questions I

have about the procedures at that time.

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

Signature of Client or Responsible Party