

Jennifer Roberts, Ph.D.
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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