Palmwood Center for Psychological Services, P.A.
8890 West Oakland Park Boulevard, Suite 103, Sunrise, FL 33351
Telephone (954) 742-7032 Fax (954) 742-7868

Alec Roth, Ph.D. **Licensed Psychologist**
Jonathan Pearlson, Psy.D. **Licensed Psychologist**
Marlene Gray, Psy.D. **Licensed Psychologist**

Acknowledgement of Receipt of Privacy Notice

I hereby acknowledge that I have received a copy of Palmwood Center for Psychological Services, P.A.'s Notice of Privacy Practices.

Signed:____________________________ Date:__________________________
Print Name:________________________ Telephone:______________________

If not signed by the patient, please indicate relationship:
___ Guardian or conservator of an incompetent patient
___ Guardian or parent of child (minor)

Name of Patient (Please Print):_______________________________________

Patient Contact

All calls regarding your care, test results and appointments will be made to your listed phone number(s). If you would like us to contact you at an alternate phone number, please indicate that number here: (____)____________________________

____ I hereby authorize this office to contact me by telephone and if I am not present, they may leave a message on my answering machine.

____ If you prefer that we do **NOT** leave messages on your answering machine.

Other Contact Information

If you would like us to speak to people other than a duly designated guardian or conservator about your psychological condition or billing information, please ask a staff member to give you a copy of our Permission to Release Information form. You will need to complete one of these forms for each person you would like us to speak to.

For office use only:

Signed form received by:________________________________Initials: ______
Acknowledgement Refused:_____Efforts to Obtain:_______________________
Reason:____