

Elizabeth Call, PsyD

LICENSED CLINICAL PSYCHOLOGIST

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CLIENT SIGNATURE PAGE

Please sign and date this page and return to me via an emailed scan or photo or through the mail.

I acknowledge the receipt of the **Information for Clients** document describing the professional psychology practice of Dr. Elizabeth Call. I have read this material which includes information about the following topics:

- ~Office hours, availability, vacation coverage
- ~Emergency procedures
- ~Billing procedures, collection of fees, cancellations, Insurance reimbursement
- ~EMDR considerations; KAP considerations
- ~Confidentiality and its legal and professional exceptions
- ~HIPAA Regulations
- ~Telehealth Consent, COVID guidelines, In-person office visits during COVID
- ~Responsibilities of the client

I understand that this material offers an overview of information pertinent to my treatment but is not meant to be an exhaustive document and is not a substitute for legal consultation on specific matters summarized here.

Client Signature: _____

Date: _____

HIPAA~ Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices (HIPAA) as it pertains to the psychotherapy practice of Elizabeth Call, PsyD.

Client Signature: _____

Date: _____