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**Acknowledgment of Receipt of Notice of Privacy Practices, Cancellation Policy and Outpatient Service Contract, Release of Information, and Contact Information**

I hereby acknowledge that I received a copy of the Notice of Privacy Practices. I am aware that I may request a copy of any amended Notice of Privacy Practices at any appointment.

I also acknowledge that I received a copy of the Cancellation Policy and Release of Information. The telephone numbers and email address at which I may be contacted are:

Home \_\_\_\_\_

Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Other \_\_\_\_\_

I authorize my clinician to provide any necessary information for my medical insurance carrier. I understand that before sending it, she will show me the treatment plan.

**Signed:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

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