



# **BECKER, UDELFF & ASSOCIATES**

*Professional Psychological Services*

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## **Health Insurance Portability and Accountability Act (HIPAA) and Service Agreement Acknowledgements**

### *HIPAA Privacy Notice*

Your signature below acknowledges that you have received a copy of the HIPAA Privacy Notice from **Paul Becker, Ph.D, David Udelf, Psy.D., or Patricia Masterson, Ph.D.**

\_\_\_\_\_  
Name of Client (please print)

\_\_\_\_\_  
Signature of Client or Parent/Guardian

\_\_\_\_\_  
Date

### *Service Agreement*

Your signature below indicates that you have read and understand the Service Agreement and agree to its terms.

\_\_\_\_\_  
Name of Client (please Print)

\_\_\_\_\_  
Signature of Client or Parent/Guardian

\_\_\_\_\_  
Date