



**Timothy J. Zeddies, Ph.D.**  
**Licensed Psychologist #3-1613**

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**Licensed Psychologist #3-2029**

**ACKNOWLEDGMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

I have carefully reviewed the notice of privacy practices provided to me, and have retained a copy for my records.

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Legal Representative

\_\_\_\_\_  
Relationship