



ELISA A. GOTTHEIL PH.D. PSY#22753

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Acknowledgement Receipt	Initials
of Notice of HIPAA Privacy Policies	<input type="text"/>
of Informed Consent to Treatment	<input type="text"/>
of Informed Consent to Telehealth	<input type="text"/>

By adding my initials above and the signature below, I acknowledge that I have received the three stated documents and that I consent to treatment and to telehealth.

The first one is a copy of the Notice of HIPAA Privacy Policies. The Notice of HIPAA Privacy Policies describes the types of uses and disclosures of my protected health information that might occur during my treatment, describes my rights with respect to information handled, and how the professionals involved handle that information.

Elisa A. Gottheil PhD reserves the right to change the privacy policies that are described in the Notice of HIPAA Privacy Policies. I may obtain a revised Notice of HIPAA Privacy Policies by checking her website at www.elisagottheil.com, or calling the office at 805-308-4568, and requesting a revised copy be sent in the mail, or asking for one at the time of my next appointment, or through e-mail at info@pathylog.com

I also acknowledge that I have received a copy of the other documents listed above: the Informed Consent to Treatment and to Telehealth. These documents spell out the agreement between me and Dr. Gottheil on treatment and doing treatment via telehealth. They state how she conducts therapy, my rights and her responsibilities. I have been asked to read, initial and sign this Informed Consent and if I have any questions to raise them at next appointment.

Dr. Gottheil has asked me to read the above documents, and if I consent to the informed consents, to sign this document and give it or send it back to her. If I have any questions that prevent me from signing this document I should not sign it but raise the questions with her first.

Signature of Patient

Date

Name of Patient