

## Saul and Saul, LLC

CONSULTING PSYCHOLOGIST: SUZANNE C. SAUL, PhD

### HIPAA REGULATIONS NOTICE FORM

My signature below indicates that Saul and Saul, LLC has given me access to the "Ohio Notice Form" as required by HIPAA Regulations. I am aware that I may have a written copy of the form at any time.

**Client Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_