



Notice of Receipt of Privacy Practices

Effective date: March 11, 2021

By signing below, I acknowledge that I have received a copy of Mosaic Psychological Center, PLLC's Notice of Privacy Practices, which outlines privacy regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that should I have any questions about the use or disclosure of my protected health information (PHI), I am to contact Robin Navarro, Psy.D. at 5970 Fairview Road, Suite 414, Charlotte, North Carolina 28210. She can be reached at 704-774-0459. Should I lose this Notice of Privacy Practices, I can ask for another copy at any time.

Signed by: _____
Signature of Patient or Legal Guardian Relationship to Patient

_____ _____
Print Patient's Name Date

Print Name of Patient or Legal Guardian, if applicable