

GARY M BARNARD, Ph.D.
LICENSED PSYCHOLOGIST
CHILD, ADOLESCENT & ADULT
13535 JONES-MALTSBERGER RD
SAN ANTONIO, TEXAS 78247
PHONE: 210/496-5437 FAX: 210/496-2804

TEXAS NOTICE ACKNOWLEDGMENT

IN ORDER TO COMPLY WITH THE HEALTH INFORMATION
PORTABILITY AND ACCESSIBILITY ACT (effective April 14, 2003), YOUR
SIGNATURE IS REQUIRED ON THIS FORM. IT WILL BE KEPT IN YOUR
PATIENT RECORD TO INDICATE THAT YOU HAVE READ AND/OR
RECEIVED A COPY OF THE NOTICE OF POLICIES AND PRACTICES TO
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Patient Signature

Date

Patient Name (please print)