Michelle Matoff Psy.D., LCSW # 15900

National Provider Identifier (NPI) #1912028481
EIN # 82-502-3630
Mailing Address: PO Box 85 Avila Beach, CA 93424
Physical Office Address: 895 Aerovista Pl Ste. 106 San Luis Obispo, CA 93401
Phone: 905-888-9534

Authorization, Release And ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVATE PRACTICES FORMS

Authorization, Acknowledgement and Release

With your signature below, you authorize and signify the following:

- You have read, understand and consent to the policies in this treatment agreement;
- You authorize the release of any medical information necessary to process insurance claims and give unconditional consent for your clinician to speak with any of your other therapists, doctors or caregivers while you are under my care

______________________________ ______________________________ ______________

Signature | Print Signature | Date

By my signature below I, ______________________________________, acknowledge that I received a copy of the Notice of Private Practices Forms for Dr. Michelle Matoff, Psy.D., LCSW, CBC

______________________________________ ______________________________

Signature of client (or personal representative) Date

If this acknowledgment is signed by a personal representative on behalf of the client, complete the following:

Client's Name: ____

Personal Representative's Name: ____

Relationship to Client: ____

For Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

- ☐ Individual refused to sign
- ☐ Communications barriers prohibited obtaining the acknowledgement
- ☐ An emergency situation prevented us from obtaining acknowledgement
- ☐ Other (Please Specify)

This form will be retained in your medical record.