

**Washington Psychological Services**

87 East Maiden Street, Suite 2

Washington, PA 15301

Phone: (724)222.8575

Fax: (724)222.8545

**Receipt and Acknowledgement of Notices**

**Notice of Privacy Practice**

I hereby acknowledge that I have received a copy and have read and understand Washington Psychological Services' Notice of Privacy Practice. I understand that if I have any questions regarding the Notice or my privacy rights, I can contact:

Michael Crabtree, Ph.D.  
87 East Maiden Street, Suite #38  
Washington, PA 15301  
724-222-8525

**Notice of Client Rights and Responsibilities**

I have read and understand the Client Rights and Responsibilities provided at the office.  
(Copy is available and posted in office for your review)

**Authorization to Disclose Information to Primary Care Physician**

Some managed care companies ask that we attempt to communicate with you Primary care Physician about you treatment with us. You need to provide your permission for us to do this. You have the right to determine if this is in your best interest.

Please release any applicable information to my Primary Care Physician

PCP's Name, Address and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please do NOT release information to my Primary Care Physician

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name