

9171 Wilshire Blvd., Penthouse Suite | Beverly Hills, CA 90210 | Phone: (310) 988-9942 | Fax: (310) 273-1818 | www.drdoorly.com

## ACKNOWLEDGEMENT OF DOCUMENT RECEIPT

My initials and signature on this form provide acknowledgement that Dr. Denise Gretchen-Doorly provided me with the following documents, either on paper or via her website <u>www.drdoorly.com</u>:

(initials)	OUTPATIENT SERVICES CONTRACT
(initials)	ELECTRONIC COMMUNICATIONS POLICY
(initials)	NOTICE OF PRIVACY PRACTICES (HIPAA)
Patient Name (print):	
Patient Signa	ture:

Date: \_\_\_\_\_