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***RECEIPT OF NOTICE OF PRIVACY PRACTICES***

Your signature below indicates that you have received my *Notice of Privacy Practices (version 9/23/2013)*, which describes how psychological and medical information about you may be used, disclosed, and protected as well as how you can get access to your records.

\_\_\_\_\_  
Client's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I have reviewed the document and confirmed that it has been signed by the client(s).

\_\_\_\_\_  
Signature, Erika L. Francis-Raniere, Ph.D.

\_\_\_\_\_  
Date