

**Notice of Privacy Practices for Protected Health Information**

**Your right to complain**

**You may complain to us or to the Secretary for Health and Human Services if you feel that we have violated your privacy rights. We respect your right to file a complaint and will not take any action against you if you file a complaint. While you may make an oral complaint at any time, written comments should be addressed to: Cathy Salciccia, MS, CCC-SLP 85 Eastern Avenue, Suite 212, Gloucester, MA 01930.**

**To Contact us**

**If you would like further information about our privacy policies and practices please contact: Cathy Salciccia, M.S., CCC-SLP 85 Eastern Avenue, Suite 212, Gloucester, MA 01930, 978-282-8210**

**This notice is in effect as of February 3, 2003. This notice will expire seven years after the date upon which the record was created. By signing below, I acknowledge that I have received a copy of this notice.**

**Patient name printed \_\_\_\_\_ date:**

**Patient Signature \_\_\_\_\_ Authorized Provider Representative**

**Personal representative printed:**

**Personal representative signature:**

**Parent or Guardian Printed:**

**Parent or Guardian Signature:**

**Description of personal representative's authority to act for the patient:**