

MARIN BIOFEEDBACK
1925 Francisco Blvd. E #12
San Rafael, CA 94901

HIPAA COMPLIANCE

I _____ acknowledge receipt of or
Client (print)
have had the opportunity to review the two documents listed below for the practice of
Cynthia Kerson, PhD., BCN, BCB and any interns or Technicians within this practice in
accordance with the federal law called HIPAA (Health Insurance Portability and
Accountability Act).

Name of Client (signature)

Date

NOTICE OF OFFICE PRIVACY PRACTICES

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***OFFICE PRIVACY PRACTICES
AND PROCEDURES***

***Please note: These documents pertain to all clients of
Cynthia Kerson and any interns or technicians.***