

**Spaulding Psychological Services, PLLC (SPS)**  
**216 West North Street 1809 Dupont Road Suite 3**  
**Harrisville, WV. 26362 Parkersburg, WV. 26101**  
**Phone: 304-643-5399 Phone: 304-861-5184**

**PRACTICES ACKNOWLEDGEMENT FORM**

Your signature below indicates:

1. That you have read the Psychotherapist-Client Services Agreement/or Consent to Psychological Evaluation and agree to its terms.
2. That you have been provided and read the HIPAA West Virginia Notice Form; and that you agree to its terms.
3. That you have the right to revoke this consent, in writing, at any time by sending such written notification to our office. Your revocation will not be effective to the extent that your psychologist has taken action in reliance on the authorization.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_

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