**Dr. Erin Walker, PhD**

Licensed Psychologist

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**HIPPA Signature Page**

**I have received and reviewed a copy of:**

**\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_ NO HIPAA Privacy Policy**

**\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO Erin Walker, PhD Confidentiality & Cancellation policies regarding informed consent, billing, insurance, missed appointments and limits of confidentiality.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**• We release only the basic minimum information to your insurance carrier in order to file your claim.**

**• IF YOU DO NOT WANT YOUR INSURANCE FILED PLEASE INDICATE THIS BELOW.**

**I do NOT want my benefits assigned or my insurance filed. Therefore I am fully aware that I am responsible for ALL charges incurred.**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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