



Ronald C. Naso, Ph.D., ABPP, LLC

Diplomate, American Board of Professional Psychology
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Acknowledgment of Notifications

Agreement for Psychological Services

I acknowledge that I have read Dr. Naso's Agreement for Psychological Services and I understand and agree to comply with these policies. I understand that these policies are available to me on Dr. Naso's website but that I may always request a hard copy if I am unable to access them.

Signature

Date

Electronic Communication Policy

I acknowledge that I have read Dr. Naso's Electronic Communication Policy and I understand and agree to comply with these policies. I understand that these policies are available to me on Dr. Naso's website but that I may always request a hard copy if I am unable to access them.

Signature

Date

HIPAA Notice of Privacy Practices

I acknowledge that I have read the HIPAA Notice of Privacy Practices. I understand that the HIPAA Notice of Privacy Practices is available on Dr. Naso's website but that I may always request a hard copy if I am unable to access it.

Signature

Date

Appointment Cancellation and Payment Policy

I understand that I will be charged for appointments not cancelled more than 24 hours in advance of my scheduled appointment. I understand that payment is due at the time of service, unless Dr. Naso and I have agreed to the alternate billing plan detailed here:

Signature

Date

Contact Preferences

Dr. Naso may contact me via: email cell phone home phone work phone

Signature

Date