



Thomas B. Allen, II, Ph.D., Director
Brian D. Fay, LCSW
Christine Migdole, LCSW
Suzanne D. Pascoe, LPC
Nancy C. Lucas, LCSW
Loren B. Sterman, LCSW
Mari-Jo MacInnis, LMFT
Christie M. Hunnicutt, LCSW
Eric B. Fabricant, LCSW

Susan A. Scott, LMFT
Lauren J. Janush, PMH, APRN-BC
Lisa Donovan, M.D.
James Archambeault, LADC
Ellen H. Pfarr, LCSW
Colleen Shay, Ph.D.
Tracy A. Shiring, M.S. ED
Nancy B. Ashcroft, LMSW
Tori Piraino, LMSW
Lucy Solari, LMFT

Acknowledgement of HIPAA Policy

I, _____ acknowledge that *PATHWAYS*
(*Print First and Last Name*)

Center For Learning & Behavioral Health, LLC “Notice of Policies and Practices to Protect the Privacy of Your Health Information” has been made available to me. I am aware that I may obtain a copy of the policies at any time.

Signature of Patient (16 yrs of age and older)

Date

Signature of Parent/Guardian

Date

251 Westbrook Rd., Essex, CT 06426 Phone: 860-767-1277 FAX: 860-767-7712
314 Flanders Rd., Suite 2B, East Lyme, CT FAX: 860-691-1546
388 East Main St., Suite 11 L, Branford, CT 06405 FAX: 203-208-0045
152 Broad St., Guilford, CT 06437
www.pathwaysessex.com