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Charles F. Devlin

**SCHOOL DIRECTOR**  
Jackie Hastings, SAS, LMHC

**CLINICAL DIRECTOR**  
Elaine K. Haagen, M.D.

**DIRECTOR,  
PSYCHOLOGICAL SERVICES**  
Laurie Wolkin, Ph.D.

## ACKNOWLEDGMENT OF SCHOOL POLICIES

I, \_\_\_\_\_, (parent/legal guardian of \_\_\_\_\_) acknowledge that I have received notice of the following policies of The Clear View School Day Treatment Center (2017-2018), which are posted on The Clear View website:

- Children's Internet Protection Act (CIPA) Policy
- The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule
- Notice of Parents' Bill of Rights for Data Privacy and Security Under FERPA and NYS Education Law §2-D.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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