



EXECUTIVE DIRECTOR
Charles F. Devlin

SCHOOL DIRECTOR
Jackie Hastings, SAS, LMHC

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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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