



**EXECUTIVE DIRECTOR**

Robert Farmer

**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 (**2018-2019**), 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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