



I have received a copy of the consumer HIPAA form. I understand that any questions I may have about how my or my child's health information is being secured should be directed toward my therapist.

Printed Name: \_\_\_\_\_

Dated: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive periodic updates via email? Y/N

Do I have your permission to correspond with you via email? Y/N

Signature: \_\_\_\_\_