

Building Blocks Therapy

Consent For Services and Notice of Privacy Practices Acknowledgement

I have received, read and understand your Notice of Privacy Practices.
I understand that Building Blocks Therapy has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at its office to obtain a current copy of the Notice for Private Practices.

Signature

Date

Please check boxes below:

I understand that fees for services provided are due at the end of each month or within ten (10) days of written invoice, and I hereby acknowledge that I have read and agree to the terms and conditions of the Terms of Payment Agreement attached hereto.

I understand that my Invoice for services will be emailed to the address I provide unless otherwise specified.

I give permission for Building Blocks Therapy to provide evaluations, treatment, and consultative services to the below mentioned client. I understand that any electronic communication (e.g., email) initiated by myself is granting permission for Building Blocks Therapy to communicate via email.

Consent to Exchange Information:

I, _____, give my permission to Building Blocks Therapy to exchange information with the following physicians, programs or other persons:

about, _____, whose date of birth is _____.

Guardian Name Printed _____

Relationship to Child _____

Signature _____

Date _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgement on this Notice of Privacy Practices acknowledgment, but was unable to do so as documented below:

Date: _____ Initials _____ Reason _____

Staff signature: _____