

ACKNOWLEDGEMENTS & REMINDERS

Client Name: _____
(please print)

I. Office Policies & Informed Treatment Consent

I acknowledge that I has reviewed the office policies and treatment consent and fully understands the terms and conditions. I acknowledge and agree that any questions or concerns have been addressed with Mary Lou Devlin, LMFT.

(client initials & date)

II. Notice of Privacy Practices for Mary Lou Devlin, LMFT

I acknowledge that I have been provided a Notice of Privacy Practices (“Notice”). It outlines how Mary Lou Devlin will use my protected health information for the purposes of my treatment, payment for may treatment, and health care operations. The Notice also explains in detail how my healthcare provider may use and share my health information for other than treatment, payment, and health care operations. Mary Lou Devlin, LMFT will also use and share my health information as required/permitted by law.

I acknowledge that I has reviewed the Notice of Privacy Practices. I acknowledge and agree that any questions or concerns have been addressed with my healthcare provider.

(client initials & date)

III. Appointment Reminders

My medical record system is set up to automatically send you appointment reminders via email. Appointment information is considered to be “Protected Health Information” under HIPAA. Please indicate below if you would like to receive appointment reminders via email.

Please send me appointment reminders via email. **(initial)** _____

Do not send me appointment reminders via email. **(initial)** _____

If you choose to have appointment reminders emailed to you, you are waiving your right to keep this information completely private, and requesting that it be handled as noted above.

Your signature below indicates you have read the above-referenced documents and agree to the terms.

Client Signature: _____ Date: _____