

Melissa Engle, Psychotherapist PLLC

Receipt of Notice of Policy and Practices to Protect the Privacy of Your Health Information

I acknowledge that I have been given a copy of "Notice of Privacy Practices"

Signature of Client or Responsible Party

Printed Name of Client

Relationship of Personal Representative to Client

Consent to Method of Contact

Home Number: _____

OK to leave message? Yes No

Cell/Text Number: _____

OK to leave message? Yes No

Other Number: _____

OK to leave message? Yes No

E-mail: _____

OK to leave message? Yes No

OK to send appointment confirmation via method of contact you have approved above? Yes No

OK to send receipts, future updates, and information about Melissa Engle's practice? Yes No