Acknowledgment of Receipt of HIPAA Privacy Notice

SpeakEasy Therapy Factory, LLC is required by law to keep your health information safe.
This information may include:

Personal/ Identifying information
Your medical history
Insurance information
Notes from your health care provider, teachers and/ or other therapists
Your evaluation and/or test results
Treatment/ therapy notes

We are required by law to give you a copy of our privacy notice. This notice tells you how your health information may be used and shared.

By signing this form, you are stating that you have received a copy of our privacy notice.

_____
Clients Name (Printed)

_____ _____
Signature **Date**

OR

_____
Parent/Guardian/ Caregiver Name (Printed)
(If client under 18 years of age, or cannot sign)

_____ _____
Parent/Guardian/Caregiver Signature **Date**
(If client under 18 years of age, or cannot sign)

Person completing form:_____ Relationship to client:_____
Phone#:_____

Please return this competed form to SpeakEasy Therapy Factory prior to initial visit via fax or email. Thank you!

info@speakeasytherapyfactory.com **Fax: 803-470-4709 Phone: 803-400-6334**