



- ❖ The right to receive an accounting of disclosures of protected health information.
- ❖ The right to obtain a paper copy of the Notice of Privacy Practices upon request.

This practice reserves the right to change the terms of its Notice of Privacy Practices at any time. Any new provisions effective for all protected health information that it maintains shall be posted on this practice's current Notice of Privacy Practices on request.

Signature: _____

Type Draw Image

3

1



Don Smith

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2

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Apply

4

Family Systems
Schools



- ❖ The right to receive an accounting of disclosures of protected health information.
- ❖ The right to obtain a paper copy of the Notice of Privacy Practices from this practice upon request.

This practice reserves the right to change the terms of its Notice of Privacy Practices and to make new provisions effective for all protected health information that it maintains. I understand that I can obtain this practice's current Notice of Privacy Practices on request.

Drag your signature to the line

Signature: Don Swa Date:

Relationship to patient (if signed by a personal representative of patient):



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Sign

Don Sw

Add Initials

Child & Family Psychologists

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