



ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES

I, _____, acknowledge that I have received a copy of the Notice of Privacy Practices for Kid at Heart Therapy, LLC. I have read the Privacy Practices and my questions have been answered satisfactorily.

Signature

Date

AUTHORIZATION FOR ELECTRONIC CORRESPONDENCE (optional)

I, _____, authorize Kid at Heart Therapy, LLC to communicate with me via electronic mail (e-mail) at the following address(es):

I acknowledge that such communications may include protected health information.

Signature

Date

CONSENT TO VISUAL/AUDIO IMAGES (optional)

I, _____, the parent/legal guardian of _____, hereby authorize Kid at Heart Therapy, LLC take and use visual/audio images of my child. Images may include any type of recording including but not limited to photographs, digital images, voices, sound or video recordings, audio clips, or accompanying written descriptions. Such potential uses may include educational, promotional, and advertising through any medium or format. I waive any right to be compensated for these images. I hereby freely and voluntarily consent to the use and publication of the images of my child by Kid at Heart Therapy, LLC from this date forward until I revoke this consent in writing.

Signature of Parent/Legal Guardian

Date