



P.O. Box 92 Kirkersville, Ohio 43033 Phone: 614-395-1395
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HIPPA Notice of Receipt of Privacy Practices

- I acknowledge that I have been informed about the Notice of Privacy Practices for PBJ Connections, Inc.
- I understand that the Notice of Privacy Practices discusses how my Protected Health Information (PHI) may be used and/or disclosed, my rights to protected health information, and how and where I may file a privacy related complaint.
- I have been offered a copy of this notice by the therapist.

Consent for Treatment

I, _____ (please print name), have read and understand the PBJ Connections, Inc. Treatment Policies. I have read the Privacy Policy information and understand the therapist's responsibility to make such decisions when necessary. By signing, I give consent to receive ongoing outpatient treatment at PBJ Connections, Inc.

If signing as a legal guardian for a dependent, please print name of dependent

_____, and dependent's date of birth _____ for

whom you give consent for treatment. I have read and agree to the terms of this agreement.)

Signature

Date