

MOVIN' & GROOVIN' CHILDREN'S THERAPY SERVICES, INC.

17 Interlochen Drive Atlanta, GA 30342 Phone (404)-918-1828 Fax (404)-459-8948

Acknowledgement of Receipt of Privacy Notice

I have been presented with a copy of this practice's Notice of Privacy Policies, detailing how my child's information may be used and disclosed as permitted under federal and state law. I understand the contents of the Notice. I request the following restrictions, if any, concerning the use of my child's personal medical information:

Further, I permit a copy of this authorization to be used in place of the original, and request payment if medical insurance benefits to this party who accepts assignment. Regulations pertaining to assignment of benefits apply.

iigned:
Date:
f not signed by patient, please indicate relationship to patient (e.g. parent)
Relationship:
Vitnessed by:
f patient or guardian refuses to sign, indicate your attempt to obtain signature below.
) Guardian refused to sign this Acknowledgement
Date:Time:
Employee Name: