



Client Name: _____

Date of Birth: _____ Today's Date: _____

PLEASE SIGN IN ALL 4 BOXES

1. PERMISSION TO OBTAIN RECORDS FROM OTHERS

I give my express consent to Cape Cod Speech and Language to **obtain AND provide** verbal or written records (academic, speech language or medical information) pertinent to the services provided at Cape Cod Speech and Language.

Client(or Parent/Guardian)Signature: X _____

Relationship to Client : X _____

If this consent is limited, please list limitations:

2. ACKNOWLEDGEMENT OF FEE SCHEDULE

I have received a copy of the fee schedule and understand that payment for services is requested at the time that services are provided.

Client (or Parent/Guardian) Signature: X _____

Relationship to Client: X _____

3. ACKNOWLEDGEMENT OF HIPPA NOTICE OF PRIVACY PRACTICES.

I have downloaded and read a copy of Cape Cod Speech and Language Notice of Privacy Practices regarding protected health information.

Client (or Parent/Guardian) Signature: X _____

Relationship to Client: X _____

4. ACKNOWLEDGMENT OF FTC RED FLAG POLICY COMPLIANCE

I understand that Cape Cod Speech and Language is in compliance with the Federal Trade Commission Red Flag Policies. The intent of these consumer protection guidelines is to prevent and deal with identity theft as it relates to consumer financial data. More information is available at <http://www.ftc.gov/bcp/edu/pubs/business/alerts/alt050.shtm>

Client (or Parent/Guardian) Signature: X _____

Relationship to Client: X _____

