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**NOTICE OF PRIVACY PRACTICES ACKNOWLDEGEMENT (HIPPA REGULATIONS)**

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPPA), I have certain rights of privacy regarding my protected health information. I understand when applicable, this information will be used to:

Conduct, plan and direct treatment and follow up among the multiple healthcare providers who may be involved in treatment directly and indirectly

Obtain payment from third-party payers

Conduct healthcare operation such as quality assessments

***I understand that it is the patient responsibility for all payments to my provider at the offices of VRC Sports Psychology Consulting Group P.L.L.C. I hereby consent to the release of any medical information necessary to process my insurance claims to my treatment by Sports Psychology Consultant @ VRC Sports Psychology Consulting Group P.L.L.C.***

Signature of Patient ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under 18)

Signature of Parent or Guardian ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If it becomes necessary to contact you, list al applicable contact information including phone numbers

Patient Home (­­­­­­­­­\_\_\_) ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_ Cell (\_\_\_) \_\_\_\_\_\_\_\_\_ Work (\_\_\_) \_\_\_\_\_\_\_ Leave message Y ( ) N ( )

**Children under the Age of 18**

Mother Home (­­­­­­­­­\_\_\_) ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_ Cell (\_\_\_) \_\_\_\_\_\_\_\_\_ Work (\_\_\_) \_\_\_\_\_\_\_ Leave message Y ( ) N ( )

Father Home (­­­­­­­­­\_\_\_) ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_ Cell (\_\_\_) \_\_\_\_\_\_\_\_\_ Work (\_\_\_) \_\_\_\_\_\_\_ Leave message Y ( ) N ( )

**I have read with understanding this document, and the financial agreement including the Office policy of VRC Sports Psychology Consulting Group Performance Group P.L.L.C.**

Signature of Patient ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If under 18)

Signature of Parent or Guardian ­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **22500 N. Aviano Way Phoenix, Arizona 85050** **vrcsportspsychologyperformancegroup.com (480) 282-2497**