JEFFERSON STREET ASSOCIATES PROFESSIONAL DISCLOSURE INFORATION HIPPA

Your signature below indicates that you have read this agreement and agree to its terms and serves as acknowledgement that you have received the HIPAA notice form. Not abiding by these policies may lead to termination of our work together and/or referral to another professional.

	PRINTED NAME	SIGNATURE	DATE
	CONT	ACT RECORD	
Please contac	t me as follows (check at least two):	
Home Te	elephone ()		
	Leave message with appointment	t date and time	
	Leave message with call back nur	mber only	
	Do not leave message		
Cellular I	Phone (<u>)</u>		
	Leave message with appointment	t date and time	
	Leave message with call back nur	mber only	
	Do not leave message		
Work Te	lephone ()		
	Leave message with appointment		
	Leave message with call back nur	nber only	
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E-Mail 	E-Mail with appointment date an		
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