

Nimble Kids LLC d/b/a
Comprehensive Therapy Children's Center
212 Riverstone Drive
Canton, Ga. 30114
770-345-7796

CHILD'S NAME: _____

Dear Parent:

In order to improve our front office service to our families, we are asking for your assistance. Please complete the section below and return. If your contact number(s) should change, please notify us immediately.

Thank You

PATIENT RECORD OF DISCLOSURES

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI be made by alternative means, such as sending correspondence to the individual's office instead of the individual's home.

I wish to be contacted in the following manner (check all that apply):

Home Telephone _____

- O.K. to leave message with detailed information
- Leave message with call-back number only

Written Communication

- O.K. to mail to my home address
- O.K. to mail to my work/office address
- O.K. to fax to this number

Work Telephone _____

- O.K. to leave message with detailed information
- Leave message with call-back number only

Other _____

Cell Telephone _____

- O.K. to leave message with detailed information

E-Mail _____

- Leave message with call-back number only

Parent/Guardian Signature

Date

(Parent/Guardian) Print Name

(Child's) Birth date

In case of emergency or our need to cancel or reschedule appointments, which number above do you prefer us to reach you on? _____
