

____ **Notice of Client Rights & Responsibilities:** I acknowledge that I have received and read a copy of the Client Rights and Responsibilities form.

____ **Notice of Privacy Practices:** I acknowledge that I have received and read a copy of the Notice of Privacy Practices that describes my rights regarding my health information and how my health information may be used or disclosed.

____ **Authorization to Release Medical Information:** I authorize the Occupational Therapy Institute to release my medical information to my referring physician or nurse practitioner in order to coordinate care.

____ **Consent to Treat:** I give my consent to the Occupational Therapy Institute students and licensed supervisors to provide outpatient therapy services considered necessary and proper for my diagnosis. I understand that I may refuse treatment at any time. My initials above and my signature below indicate consent to all of the above.

Release for educational and teaching purposes

I, _____, authorize the therapists at the Occupational Therapy Institute, to be observed and or receive therapy during sessions by fieldwork students/interns and/or volunteers in our usual practice. I understand that these individuals will be signing confidentiality agreements as mandated by HIPAA and that any information will be used for teaching purposes only.

Signature: _____

Patient Name: _____

Date: _____