



ACKNOWLEDGMENT OF RECEIPT OF PRACTICES & POLICIES

Client's Name: _____ Date of Birth: _____

RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received a copy of the Notice of Privacy Practices for Peak Pediatric Therapy, LLC. I have read and understand the Peak Pediatric Therapy, LLC privacy policy and have been informed of my rights as a patient's parent/guardian.

RECEIPT OF FINANCIAL POLICY

I have received and reviewed a copy of the Financial Policy for Peak Pediatric Therapy, LLC. I understand my insurance benefits and I accept financial responsibility for all charges to my account.

RECEIPT OF ATTENDANCE POLICY

I have received and reviewed a copy of the Attendance Policy for Peak Pediatric Therapy, LLC. I accept all policies pertaining to missed sessions, cancelations, vacations, illnesses, and inclement weather.

By signing below, I agree I have reviewed a copy of the notice of privacy practices for Peak Pediatric Therapy, LLC. I have received, reviewed, and agree to the financial policy for Peak Pediatric Therapy, LLC. I have received, reviewed, and agree to the attendance policy for Peak Pediatric Therapy, LLC.

Printed Name of Parent/Guardian: _____ Relationship to Client: _____

Signature: _____ Date: _____