



children's therapy connection

Connecting Kids with Their Potential™

Acknowledgement of Receipt of Welcome Packet

By signing this form, you acknowledge that you have received a copy of the following documents. These documents comprise the Welcome Packet and are required for new patients:

- | | |
|--|---|
| <u>First Steps Packet</u> | <u>Insurance Packet</u> |
| <input type="radio"/> Notice of Privacy Policies | <input type="radio"/> Notice of Privacy Policies |
| <input type="radio"/> Sick Child Policy | <input type="radio"/> Insurance Registration Form |
| <input type="radio"/> No-Show Appointment Policy | <input type="radio"/> Informed Consent Form |
| | <input type="radio"/> Sick Child Policy |
| | <input type="radio"/> No-Show Appointment Policy |

You have the right to read these documents. You may obtain a copy of our Notice of Privacy Practices, including any revisions of our notice, or any of our other forms by contacting our office. You are entitled to a copy of this acknowledgement after you sign it.

I acknowledge I have received a copy of the documents indicated above and have had full opportunity to read and consider their contents.

Child's Name (please print)

Parent/Guardian's Name (please print)

Phone Number *Circle One:* Home / Cell / Work

E-Mail Address

Parent/Guardian's Signature

Date

Office Use Only

I was not able to obtain signature due to the following:

- | | |
|--|--|
| <input type="radio"/> Communication barriers | <input type="radio"/> An emergency which prevented acknowledgement |
| <input type="radio"/> A refusal to sign | <input type="radio"/> Other |

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