



Charles and Geneva Scott Scottish Rite  
Communication Disorders Clinic  
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### **CLIENT CONSENT FORM**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You should thoroughly review our notice for a more complete description of such uses and disclosures before signing this consent. The terms of the Notice of Privacy Practices may change as indicated in that document. You may obtain a revised notice at any time upon request.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to any requested restriction, but, if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for your treatment, payment, and health care operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I agree to have the Clinic contact me via phone to remind me of appointments. \_\_\_\_ Yes \_\_\_\_ No

I agree to have the Clinic leave a message for me either on my answering machine or with another person answering the phone. \_\_\_\_ Yes \_\_\_\_ No

I agree to have the Clinic contact me via postcard to remind me to make an appointment. \_\_\_\_ Yes \_\_\_\_ No

I agree to have the Clinic contact me via email. \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
Client, Parent, or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness