

HEALING MINDS

Psychiatric-Mental Health Nurse Practitioner

HIPAA Communication Policy

By signing below, I acknowledge that I have reviewed the Healing Minds Communication Policy. I understand how protected health information (PHI) may be used for voicemail, email, SMS, and electronic communication, and I authorize Healing Minds to contact me using the preferred methods I select.

Full Legal Name:

Please complete the fields below.

Date of Birth (MM/DD/YYYY):

Preferred Phone Number:

Preferred Email:

Signature (Typed Name):

Date: