



Healing The Generations, Inc.

“Out-patient Therapy Clinic and Wellness Center for all Ages and Abilities”

HIPPA Signature Page

HIPPA Notice of Privacy Practices for Personal Health Information

I have read and understand the HIPPA regulations regarding my personal health information.

Authorized Signature: _____

Printed Name: _____

Street Address: _____

City: _____

State: _____ **Zip:** _____

Email: _____

Phone: _____

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