



**Acknowledgement and Receipt of Notice of Privacy Practices**

**I have received a copy of Cheshire Fitness Zone’s Notice of Privacy Practices.**

\_\_\_\_\_I **consent** to the information provided to me in the Notice of Privacy Practices.

\_\_\_\_\_I **do not consent** to the information the Notice of Privacy Practices.

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_.

Signature of Parent or Legal Guardian: \_\_\_\_\_.

**Release of Information:**

I authorize release of any information concerning my child’s health care, advice and treatment provided for the purpose of evaluating and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to Cheshire Fitness Zone. I acknowledge and accept responsibility for any financial obligations that the insurance company does not cover.

Signature of Patient or Parent if minor: \_\_\_\_\_ Date: \_\_\_\_\_.