PRIVACY, RIGHTS, AND PRACTICE DOCUMENT

SPECIFIC DENIALS RELATIVE TO PRIVACY

Please review and complete this document **AFTER** you have read the Privacy, Rights, and Practice document.

[ ] _____ (initials) I do NOT authorize Roc Your Voice Speech-language & AAC Services to utilize email communication regarding my care for any purpose.

[ ] _____ (initials) I do not authorize Roc Your Voice Speech-language & AAC Services or Melissa A. Ihrig to take a photo, video, or audio recording for any purpose.

[ ] _____ (initials) I do NOT authorize Roc Your Voice Speech-language & AAC Services to store my name and phone number in the contact list of her cell phone. I understand that my number will still be stored and be displayed as missed/ received call.

[ ] _____ (initials) I do NOT want to receive text messages at anytime.

[ ] _____ (initials) I do NOT authorize Roc Your Voice Speech-language & AAC Services to communicate with the following:

Relationship	**Name/ Group**	**Location**
[ ] Primary Care Physician	_____	_____
[ ] Clinicians/ therapists	_____	_____
[ ] Social Worker/ Psychologist	_____	_____
[ ] Service Coordinator	_____	_____
[ ] School/ Day Treatment	_____	_____
[ ] Family	Name/ Phones_____	
[ ] Other	_____	_____
	_____	_____

_____ _____

Signature of Client/ Representative Date

If you believe your privacy rights have been violated, you may file a complaint with Melissa A. Ihrig. If you are not satisfied with the manner that your complaint is handled, you may submit a complaint to the Secretary of the Department of Health and Human Services.