



Form#: HIPAA 115
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**Notice of Privacy Practices
Parent Signature Page**

Tender Touch Therapy LLC. reserves the right to change the Privacy Practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the office at (262)653-0850. Per my request, a revised copy will be sent in the mail or given to me at the time of my next appointment.

****Note:** A copy of the Privacy Practices is available upon request.

I Acknowledge Receipt of and Have Read Tender Touch Therapy, LLC.'s Notice of Privacy Practices.

Signature of Patient or Responsible Party

Print Name of Patient

Date

Relationship of Responsible Party to Patient