

ACKNOWLEDGMENT OF CLIENT INFORMATION

I have read Dr. Joan Moreau's "Financial Policy" and have been informed of the Notice of Privacy Practice. I fully understand my responsibilities and conditions as a client or as a parent/guardian of a client.

I authorize Dr. Joan Moreau and her office staff to send appointment reminder cards and/or letters to my home.

_____ Yes _____ No

If no, what address should I use? _____

I authorize Dr. Joan Moreau and her office staff to call me at home and work as necessary to modify or confirm appointments.

_____ Yes _____ No

If no, how would you like to be contacted? _____

I authorize Dr. Joan Moreau and her office staff to leave a message on my home answering machine or with a family member if I am not available to take the call.

_____ Yes _____ No

Are there any other instructions that we should be made aware of? If so, please explain these to me.

Client Signature

Date

Parent/Guardian Signature (if applicable)

Date