



Coastal Counseling Center, PC
809 Kent Pl Chesapeake, Virginia 23320
757-436-0605 (Voice) 757-436-0023 (Fax)

APPOINTMENT AUTHORIZATION

Please note: Coastal Counseling Center will not share any clinical information without a specific release signed by you and released by your clinician.

Please help us protect your privacy by providing us with the name(s) of the people with whom you would like us to share appointment information. The person(s) you delegate below will be noted in our appointment system and will be authorized by you to confirm and make amendments to your appointments only.

AUTHORIZED PERSON(S):

- If NO ONE is authorized to know about the appointments, write "NONE"
- If the patient is a minor, please note all responsible parties that are permitted to make, change, or confirm appointments.

NAMES

RELATIONSHIP TO PATIENT

Signature of the Patient/Responsible Party

Date

NOTICE OF PRIVACY PRACTICES

I hereby acknowledge that I have received or have been given an opportunity to read COASTAL COUNSELING CENTER & INDEPENDENT CONTRACTOR ASSOCIATES' Notice of Privacy Practices. I understand that if I have any questions, I can contact my provider.

Signature of Patient/Client

Date

Signature of Parent, Guardian or Personal Representative

Date

**If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)*

☐ Patient/Client refuses to Acknowledge Receipt:

Signature of Staff Member

Date

Patients Name: _____ Responsible Party (if minor or ward): _____