

# Phoenix Behavioral Health Services, LLC

3120 Memorial Drive Two Rivers, WI 54241 (920) 657-1780 FAX (920) 657-1784 [www.phoenixbhc.com](http://www.phoenixbhc.com)

## CLIENT AGREEMENT

### HIPAA NOTICE OF PRIVACY PRACTICES:

I acknowledge receipt of the HIPAA Notice of Privacy Practices for Phoenix Behavioral Health Services, LLC. Questions or Concerns about privacy rights, Phoenix Behavioral Health Service's privacy-related policies or the information contained in this notice, contact Chief Privacy Officer of Phoenix Behavioral Health Services at 3120 Memorial Drive, Two Rivers, WI 54241, 920-657-1780 or at [info@phoenixbhc.com](mailto:info@phoenixbhc.com)

I have declined a paper copy of HIPAA Practices \_\_\_\_\_

Client Name (print) \_\_\_\_\_

Client or Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

### CONSENT TO CONTACT:

I give my express permission to Phoenix Behavioral Health Services, LLC and its Affiliates or contractors to contact me for any purpose at the current or any future numbers that are provided for landline telephone, cellular telephone or any wireless device including the use of automated dialing equipment, prerecorded voice or text messages.

Client Name (print) \_\_\_\_\_

Client or Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_