

Matt Larson LCSW Psychotherapy & Associates
24 S. 600 E. Ste. 6
SLC, UT 84102
Phone: 801-599-6396 Fax: 801-521-0688

#1 OPTION: I have been provided with a copy of the offices *Policies and Practices* for protecting my health information. I understand that it is my responsibility to read this document, and to ask about anything that is unclear.

_____ Date _____

(Signature)

(Printed name)

_____ Date _____

(Witness)

#2 OPTION: I have been directed to www.MattLarsonTherapy.com for information about the offices *Policies and Practices* for protecting my health information. I understand that it is my responsibility to read this document, and to ask about anything that is unclear.

_____ Date _____

(Signature)

(Printed name)

_____ Date _____

(Witness)

#3 OPTION: I have declined a copy and or information about Matt Larson LCSW's *Policies and Practices* for protecting my health information. I understand that it is my responsibility to understand/ read this document, and to ask about anything that is unclear even if I have declined a copy.

_____ Date _____

(Signature)

(Printed name)

_____ Date _____

(Witness)

