Shelby's Behavior Solutions Inc.
5307 Technology Dr. Tampa FL 33647
813-430-4138 cell
813-994-2735 Fax

813-994-2735 fax

Notice of Health Information Privacy Practices

I _____ have been given a copy of the Notice of Health Privacy Practices. I _____ have read and understand the Health Information Privacy Practice. I _____ am aware that at any time have any questions or need to obtain additional information it will be provided to me.

I _____ understand that in order for Shelby's Behavior Solutions to provide services they may be required to share information. All information shared will be done so within the guidelines of HIPPA compliances.

I understand that SBS will share the minimal information that is required for the purposes of treatment, payment, and or operations.

Consumer Signature: _____

Date: _____

Provider Signature: _____

Date:_____