

CHECKLIST FOR PATIENT SERVICES

HIPPA

_____ Date HIPPA form GIVEN (once a year need to resign and date.)

_____ Date HIPPA form resigned

SIGN RELEASE

I, _____, give permission for V. Jann Owens FNP, BC to speak to:

| Name | Reason | Phone | Date |
|------|--------|-------|------|
|------|--------|-------|------|

about MY mental health care or that of my child unless I sign and delete the party written above.

Informed consent for taking antipsychotics medications, antidepressant medications and anti anxiety medications for schizophrenia, bi-polar disorder, depression or anxiety.

This consent also addresses the tapering of one medication and the addition of new medications that are FDA approved for the above indications.

Signed _____ Date _____

Witness Virginia M Owens FNP, BC SC 1107

PERMISSION TO USE CREDIT CARD FOR PAY PAL

I give permission for V. Jann Owens to use my credit card for payment of EACH visit that psychotherapy service are rendered unless I delete and sign it will be used for appointments missed without 24 hour notice.

Type of Credit Card _____

Signed _____ Date _____

Credit card number _____

Security Pin _____ Exp Date _____