

# Fitness Made Fun, Inc.

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## AUTHORIZATIONS and ACKNOWLEDGEMENTS

Patient's Name: \_\_\_\_\_

### Notice of Home Care Privacy Practices

By signing this statement I acknowledge I have received the Fitness Made Fun, Inc.  
*Notice of Home Care Privacy Practices* and am aware of my rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian or self

### Statement of Patient Rights and Responsibilities

By signing this statement I acknowledge I have received the Fitness Made Fun, Inc.  
*Statement of Patient Rights and Responsibilities* and am aware of my rights.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian or self

### Release and Exchange of Information Agreement:

PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I hereby authorize the release and exchange of any necessary information including medical information, written and verbal, both to and from the staff of Fitness Made Fun Inc.

*Other Therapists involved in my child's treatment that information is authorized to be exchanged include:*

\_\_\_\_\_

Name

\_\_\_\_\_

Phone Number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian or self