



6971 Business Park Blvd. North, Jacksonville FL- 32256; PH: 904-880- 9900 / Fax: 904-880-3241
Email : info@prismhealthservices.net ; Website: www.prismhealthservices.net

I _____ (Client / Responsible Party) have read, completely understand and agree with the following documents:

#	NAME OF THE DOCUMENT	Initials
1	Special Needs Registry Assistance Consent Form	
2	Reporting Complaints / Abuse / Neglect / Exploitation Info	
3	HIPAA Notice of Privacy Practice	
4	PHI Authorization Form Policy	
5	PHS Client Records Release Form	
6	Instructions for use & care of the equipment purchased	
7		

) To report a complaint regarding the services you receive, please call toll-free: 1-888-419-3456
) To report abuse, neglect, or exploitation of a disabled adult or elderly person,
) please call toll free: 1-800-962-2873

I understand and agree with the above documents. I also acknowledge that I can request Prism Health Services to assist me with completing any of these forms, if, I am not able to get this done on my own / with the help of my resources. I will need to request this in writing.

Signature (Client)

Print Name (Client)

Date

Signature (Responsible Party)

Print Name (Responsible Party)

Date