



## Notice of Privacy Practices

Peach Therapies LLC (Peach Therapies) implements privacy practices for protected health information guidelines from The Health Insurance Portability and Accountability Act (HIPAA) of 1996. We do not release any information without your written request or consent. Peach Therapies is diligent to protect your information.

\_\_\_\_\_  
Print Name of Guardian or of Patient if  $\geq 18$

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian or of Patient if  $\geq 18$

\_\_\_\_\_  
Relationship of Patient Representative (if patient is  $\leq 18$  or an adult is unable to sign the form independently)