

## AMPLIFYING PERFORMANCE CONSULTING, LLC

I have received and reviewed a copy of:

\_\_\_\_\_ YES \_\_\_\_\_ NO

**HIPAA Privacy Policy**

\_\_\_\_\_ YES \_\_\_\_\_ NO

**AMPLIFYING  
PERFORMANCE Office  
Policies regarding billing,  
insurance, missed  
appointments etc.**

- **We release only the basic minimum information on your invoice for you to submit for insurance reimbursement.**

**Signature**\_\_\_\_\_

**Date**\_\_\_\_\_