

831 Seven Oaks Boulevard Smyrna, TN 37167-6485 Phone: 615-751-8004 Fax: 615-751-0306

• I, her	eby acknowledge that I have received a copy of
the "TFS Clinic Rights of Persons Served";	
• I understand that any questions I might have	ve concerning this policy should be directed to
TFS Clinic staff for answers;	
• I understand that I have the right of grieva	nce in the event I believe that my patient rights
have been violated;	
• I understand that I am entitled to seek out a	an advocate to act on my behalf and acknowledge
the receipt of a list of advocates;	
• I authorize clinical services to be rendered v	ia telehealth to the service recipient. These services
will be in compliance with HIPAA requireme	ents.
The TFS Clinic practitioner will make every	reasonable effort to maintain the service recipient's
privacy and confidentiality.	
Signature of Individual	
Signature of Legal Guardian/Parent/Conservator	Date
Signature of Witness/Title	Date