



VISITOR CONFIDENTIALITY STATEMENT

All guests are asked to sign this confidentiality statement before entering the facility. We ask that you do not discuss who you saw here or information that may identify a client of Healing Transitions with other persons when you leave the facility. This is for the protection of the right to confidentiality of our clients. Thank you.

Name (please print): _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Do we already have your contact information on file: Yes No

Would you like to receive our Quarterly E-Newsletter? Yes No

Signature: _____

Date: _____