



Consents & Authorizations

Patient Name * _____

E-mail * _____

Phone Number * _____

Authorization for Release of Information

I hereby authorize Soft Reboot Wellness to exchange any information necessary regarding the patient with other health care practitioners in the care of the patient. These communications of information may involve unencrypted electronic communications by email, phone, text messages, and voicemail as well as fax. These communications may include protected health information and other confidential information. This authorization to obtain and release information is valid until revoked. The undersigned may revoke this consent in writing at any time, except with regard to information that has already been shared or disclosures that have already been made in reliance on such consent.

Electronic Communications Authorization

I hereby authorize Soft Reboot Wellness to communicate with me using electronic communications including email, text messages, and voicemail. I may be contacted using the numbers or addresses that I have provided to Soft Reboot Wellness, or that I have used to initiate contact with Soft Reboot Wellness. These communications may include appointment information, as well as protected health information and confidential information. I understand that these electronic communications are not encrypted.

Acknowledgment of Privacy Practices Notice

I have reviewed the Notice of Privacy Practices. I acknowledge that a copy of the Privacy Policy is available to me upon request.

Financial & Appointment Policies/Agreement to Pay

I have reviewed and agreed to the Soft Reboot Wellness's policies regarding appointment scheduling and payment. I understand that I am directly responsible for all charges for medical services incurred.

With my signature below, I affirm: 1) that I understand and agree to Soft Reboot Wellness's above policies; and 2) that Soft Reboot Wellness does not accept insurance or any third-party payor, a) the one-time fee for record review, collection, phone calls with your other providers, and the initial consultation is \$400, b) ketamine infusions for mental health are priced at \$750 per infusion.*

Patient Signature: * _____

Date: * _____



Alternatively, you may print it and then fax it to us at (650) 419-9877.