Pinpoint+ skills lab

RECEIPT OF INFORMATION

I, _____, acknowledge receipt of the following:

- ☐ Informed Consent for Services (Professional Practices)
- ☐ Notice of Privacy Practices
- ☐ Explanation of Client's Rights
- ☐ Authorization to Release Information
- ☐ Intake Questionnaire
- ☐ Receipt of Information

Following a thorough review of the collected documents, you will be contacted to set-up an initial consultation appointment for your child. If you have any questions or need assistance, please contact us either by phone or e-mail, thank you.

_____	_____	_____
Parent/Guardian	Signature	Date

Pinpoint+ Skills Lab, LLC
ssoliz@pinpointskillslab.com
480.457.9696

Under the Americans with Disabilities Act, Pinpoint+ Skills Lab, LLC must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that, if necessary, Pinpoint+ Skills Lab, LLC must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that Pinpoint+ Skills Lab, LLC will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible.