



HIPAA / PRIVACY PRACTICES FORM

At Waves of Grace Sound Therapy, your privacy is important. Any personal or health information you share will be kept confidential and used only for scheduling, emergency purposes, or to improve your experience. Information will not be disclosed without your written consent, except as required by law.

Your Rights:

- You may request access to your records
- You may request corrections to your information
- You may request that we limit or remove your information from our files

By signing below, you acknowledge that you have read and understood our privacy practices.

Client Signature & Date

Practitioner Signature & Date