



*Network Biofeedback Services ~ Unlock Your Mind*  
*Biofeedback, Mental Health Counseling & Creative Arts Therapy, PLLC*  
*Clinical Director: Susan E. Antelis, MPS, LMHC, LCAT, BCB, BCN*

## Electronic Medical Records System Consent Form

Client's Name: \_\_\_\_\_

Date: \_\_\_\_\_

We use an electronic medical records (EMR) system. It is HIPAA compliant (Health Insurance Portability and Accountability Act) and encrypted to protect your confidential information. As part of this new system, we can send you automated confirmation texts, emails, or calls as well as submit your insurance claims more efficiently.

**Indicate which method will work best for you to confirm your appointments:**

Text  Email  Call  Opt Out

Mobile Number: \_\_\_\_\_

-OR- Email: \_\_\_\_\_

*\*\*The automated system confirmation is as a **courtesy reminder** of the scheduled appointment you made with your clinician or front desk administration. Please note that this system is not perfect and therefore if you are uncertain and/or do not receive the reminder – call our office at 516-825-6567. Thank you!*

**Please sign this form to permit sending your insurance claims electronically as well as to maintain your information in our system for our records.**

\_\_\_\_\_  
*Client's Signature, or Parent/Guardian of Client's Signature*

\_\_\_\_\_  
*Date*

We thank you kindly for cooperating and we look forward to continuing to work with you on your journey of self-care and wellness.

*Susan E. Antelis, MPS, LMHC, BCB-Sr. Fellow*  
*Kristi A. DeName, MS, LMHC, BCB*

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