APPOINTMENT VERIFICATION LETTER

To Whom It May Concern:

This letter certifies that ______________________________________was seen by this office:

____AM/PM on M, T, W, Th, Sat ___ / ___ / ___     ___AM/PM on M, T, W, Th, Sat ___ / ___ / ___
____AM/PM on M, T, W, Th, Sat ___ / ___ / ___     ___AM/PM on M, T, W, Th, Sat ___ / ___ / ___
____AM/PM on M, T, W, Th, Sat ___ / ___ / ___     ___AM/PM on M, T, W, Th, Sat ___ / ___ / ___
____AM/PM on M, T, W, Th, Sat ___ / ___ / ___     ___AM/PM on M, T, W, Th, Sat ___ / ___ / ___
____AM/PM on M, T, W, Th, Sat ___ / ___ / ___     ___AM/PM on M, T, W, Th, Sat ___ / ___ / ___
____AM/PM on M, T, W, Th, Sat ___ / ___ / ___     ___AM/PM on M, T, W, Th, Sat ___ / ___ / ___
       ___________________________       / /       /  (Counselor/Student Counselor)

THANK YOU FOR THIS REFERRAL

NOTICE OF RECIPIENT INFORMATION
This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure on this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client. DISCLAIMER: It is the legal responsibility of the recipient of this information (transmitted electronically or otherwise) to comply with HIPAA regulations.