



NHPA Records Registry Program Enrollment Form

Please provide the contact information of the individual or business where your records are being stored.

Your name:

Your phone number:

Your email address:

Name of individual/business storing records:

Address:

Phone:

Email (if available):

Once enrolled in the Registry Program, it is your responsibility to inform your patients that NHPA has the storage information. It's essential that clients understand NHPA does not physically hold their records.

Should you need to make changes to the above information, please contact NHPA at **603-415-0451** or **office@nhpsychology.org**. You will not incur a fee for making changes.

Return this form to NHPA with payment. Checks can be made out to NHPA and mailed to PO Box 1492, Dover, NH 03821. If you'd like to pay with a credit card, please contact the office.