ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

Purpose: This form is used to obtain acknowledgement of receipt of my Notice of Privacy Practices or to document my good faith effort to obtain that acknowledgement.

I, _____, have read this office's Notice of Privacy Practices and understand I can keep a copy.

_____ _____

(Please Print Client's Name) (If Client is a Minor, Print Guardian's Name)

_____ _____

(Client/Guardian Signature & Date) (Relationship to Client)

Authorization to Release Information

Purpose: This form is used to obtain authorization to release information regarding you covered under the Privacy Act to people other than yourself.

I, _____, authorize the following person(s) to have access to information covered under the Privacy Practice regarding,

_____

(Client's Name)

_____ _____

(Please Print Name) (Relationship)

_____ _____

(Please Print Name) (Relationship)

Consent for Services

The undersigned Client or Responsible Party (parent, legal guardian, or conservator) consents to and authorizes services by The KEYCounseling. These services may include psychotherapy, education, and other appropriate alternative therapies.

The undersigned understands that he/she has the right to:

- Be informed and participate in the selection of treatment services
- Receive a copy of this consent form
- Withdraw this consent at any time

I understand that if less than 24 hours notice is given for cancellation of an appointment, I will be responsible for the full fee of the session. I understand that I am fully responsible for the session fee at the time of service. I am aware that it is my responsibility to provide a copy of my tax return in order to qualify for the discounted session fee. I acknowledge that I have received or reviewed the HIPAA Notice of Privacy Practices. I will notify KEYCounseling of any changes in my address and/or telephone numbers.

In the event of an emergency, I understand that I am to report to the nearest emergency room for services. This file will be closed if there is no activity for 90 days.

Client Name: _____ DOB: _____

Client/Responsible Party Signature: _____

Date: _____