

# Life Choices Professional Group, LLC

810 North Sixth Avenue • Phoenix, AZ 85003

(602) 462-1115 • (602) 462-1119 fax

## Welcome!

Welcome to **Life Choices Professional Group, LLC** where our motto is: *Life Re-scripted through compassionate care, dedicated service and patient-focused attention.* We thank you for entrusting us to assist with your therapeutic needs.

**Life Choices** recognizes that the privacy of your personal information is important to you. Attached are forms and information regarding privacy, confidentiality and security of your mental health treatment information. These forms are required by Federal laws and provide details/guidelines regarding how your mental health treatment information may be used and disclosed, how you may gain access to this information, and the measures taken to safeguard your information. While this information is very important, it is long and detailed. Please know that I am available to answer any questions that you have about the attached forms.

We are required to evidence that you have been provided with these forms. Please sign the statement below, signifying that you have been given access to the forms and that your questions have been addressed.

Life Choices also wishes for you to be informed about additional Fees & Rates that might accompany services apart from general psychotherapy services (i.e., letter writing, consultation, report writing, etc.).

Life Choices Professional Group, LLC

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I/we understand that my/our signature(s) below signifies that the forms listed were made available, that they were read, and that my/our questions concerning these forms were addressed.

\*HIPAA NOTICE OF PRIVACY PRACTICES

\*OFFICE POLICIES & GENERAL INFORMATION/AGREEMENT FOR PSYCHOLOGICAL SERVICES

\*CONSENT TO USE OR DISCLOSE INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS (TPO)

\*FEES & RATES

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Client Name (Print)	Date	Signature
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Client Name (Print)	Date	Signature
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