

ACKNOWLEDGEMENT OF RECEIPT OF “NOTICE PRIVACY PRACTICES”

THIS IS AN ACKNOWLEDGEMENT THAT I HAVE PROVIDED YOU THE OPPORTUNITY TO REVIEW OUR “NOTICE OF PRIVACY PRACTICES” AS REQUIRED BY THE FEDERAL LAW. THANK YOU FOR YOUR COOPERATION.

I, _____, acknowledge that I
(client name printed here)
have received from Pathways to Wellness, Lori A. Krauss., LCSW the “Notice of Privacy Practices” and have had adequate opportunity to read and review the document.

CONSENT TO TREATMENT

I, _____, agree to receive
(client name printed here)
treatment from Pathways to Wellness, Lori A. Krauss., LCSW . I understand that I can withdraw this consent to treatment at any time. A withdrawal of consent will be done in writing and will include the reason for withdrawal.

I, _____, agree that
(client name printed here)
Pathways to Wellness, Lori A. Krauss., LCSW can terminate treatment at anytime. A termination will be done in writing, and verbally and appropriate referrals will be given at that time.

Signature _____

Date: _____