Acknowledgment of Receipt of Privacy Notice Privacy Practices

My signature below indicates I, _____ have received and acknowledge the Notice of Privacy Practices.

Signature	Date of Birth	Date
Minor's Name	Date of Birth	Relation
	Assignment of Bene	efits
including private insurance a remain in effect until revoke the original. I understand th	and any other health plans to St ed by me in writing. A copy of at I am responsible for all char	benefits to which I am entitled, acy Reynolds. This assignment will this assignment is considered valid as ges incurred, whether paid by my ssignee to release all PHI necessary to
Signature	Date of Birth	Date
Minor's Name	Date of Birth	Relation

Consent to Treatment of a Minor Child

I, ______ agree to provide legal consent and financial responsibility for counseling services to ______, a minor child. My signature below indicates I acknowledge this statement of responsibility as I am the: __ Biological Parent __ Adoptive Parent __ Legal Guardian __ Managing Conservator. Any guardian other than the biological parent MUST provide a copy of guardianship documents.

Furthermore, I am legally responsible for the above-referenced child and grant permission to conduct therapeutic services, and I accept responsibility for timely payment for all fees incurred.

Signature

Date of Birth

Date

Minor's Name

Date of Birth

Relation