



Maple Counseling Center
Transformational Psychotherapy

**ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF
PRIVACY PRACTICES, CONSENT FOR TREATMENT AND
OFFICE POLICIES**

By signing this form, you acknowledge receipt of my Notice of Privacy Practices, and executed copies of the Consent for Treatment and Office Policies forms that I have given to you.

We have reviewed the Consent for Treatment and Office Policies forms. My Notice of Privacy Practices provides information about how I may use and disclose your protected health information. I encourage you to read it in full.

My Notice of Privacy Practices is subject to change. If I change my notice, you may obtain a copy of the revised notice from me by contacting me as listed above.

If you have any questions about my Notice of Privacy Practices, please contact me.

I acknowledge receipt of the Notice of Privacy Practices and executed copies of the Consent for Treatment and Office Policies of the Maple Counseling Center.

Client Name: _____

Signature: _____ Date: _____
(Client/Parent/Conservator/Guardian)

Signature: _____ Date: _____
(Client/Parent/Conservator/Guardian)