

EVOLVE COUNSELING AND HOLISTIC WELLNESS, LLC©
ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF DISCLOSURE STATEMENT/INFORMED CONSENT &
HIPAA PRIVACY PRACTICES

Disclosure Statement/Informed Consent and Privacy Practices are available on the company website for your review and printable access by visiting www.evolvecounselingoflansing.com.

By my signature, I, _____, acknowledge that I have been informed of the Disclosure Statement/Informed Consent & HIPAA Privacy Notice, and have access to the forms online or received a hardcopy upon my request.

Signature of client (or personal representative)

Date

If this acknowledgement is signed by a personal representative on behalf of the client, complete the following:

Personal Representative Name: _____

Relationship: _____

Office Use Only

I attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because of the following:

- Individual refused to sign
- Communication barriers prohibited obtaining the acknowledgement
- An emergency situation prevented us from obtaining acknowledgement
- Other (Please specify)

This form will be retained in your medical record.