LIVING WELL BEHAVIORAL HEALTH, INC.

Acknowledgement of Receipt of “Notice of Privacy Practices”

This **ACKNOWLEDGEMENT** THAT WE HAVE PROVIDED YOU THE OPPORTUNITY TO REVIEW OUR “NOTICE OF PRIVACY PRACTICES” is required by federal law. Thank you for your cooperation.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have received from Living Well Behavioral (Client Name Printed)

 Health Inc., the “Notice of Privacy Practices” and have had adequate opportunity to read and review the

document. I have been informed that a copy is posted for my review in the waiting area and that I have

a right to request a written copy of this notice at any time.

Consent To Treatment

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to receive treatment from Living Well Behavioral Health, Inc.

 (Client Name Printed)

 I understand that I can withdraw this consent to treatment at any time. A withdrawal of consent must

be done in writing and will include the reason for withdrawal.

Client or Responsible Party Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_