

Client Name: _____ Record # _____

Date of Birth: _____ Medicaid # if applicable: _____

Acknowledgement of Receipt of Notice of Privacy Practices

I acknowledge that I have received, and been allowed to ask questions regarding, Mimosa Christian Counseling Center’s Notice of Privacy Practices, under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), containing a more complete description of the uses and disclosures of my health information. I understand that Mimosa Christian Counseling Center has the right to change its Notice of Privacy Practices from time to time, and that I may contact the Mimosa Christian Counseling Center office at the address noted above to obtain a current copy of the Notice of Privacy Practices. I may also review a copy of this Notice in the waiting area of the center at any time.

Client Signature Date

Legal Guardian or Responsible Party Date

MCCC Staff / Witness Date

Acknowledgement of Receipt of Service Agreement

I acknowledge that I have received, and been allowed to ask questions regarding, Mimosa Christian Counseling Center’s Service Agreement containing information about the agency’s professional services and business policies. I understand that Mimosa Christian Counseling Center has the right to change its Service Agreement from time to time, and that I may contact the Mimosa Christian Counseling Center office at the address noted above to obtain a current copy of the Service Agreement. My signature indicates that I have read the information in this document and agree to abide by its terms during my professional relationship with Mimosa Christian Counseling Center.

Client Signature Date

Legal Guardian or Responsible Party Date

MCCC Staff / Witness Date