



## ACKNOWLEDGMENT & CONSENT TO SERVICES

**By initialing the boxes and signing below, you acknowledge that you have received the information described and agree to services as described. You also agree to pay a \$50.00 missed appointment fee if services are not cancelled 24 hours prior to the appointment. Please note that due to the nature of our business, that we are unable to make up this time and do not get reimbursed by insurance for missed appointments.**

### HIPAA SIGNATURE

I acknowledge that I have received LifeWise Associates Notice of Privacy Practices effective August 1, 2016. I understand that I may ask questions about the Notice of Privacy Practices at any time.

### EMAIL CONSENT

I hereby give my consent under the 2013 HIPAA Omnibus Final Rule law to permit unencrypted email communication and understand that there are risks associated with any unencrypted email communication. I permit LifeWise Associates (LifeWise Counseling, PLLC; Danielle Skaar, PLLC; Erin Hagemeister, APRN, PLLC; and Bradley Psychological Services, PLLC) to communicate with me this way.

### INFORMED CONSENT & AGREEMENT TO SERVICES

I understand that I have the right to be told the reason for any therapy, treatment or procedures, as well as the benefits or risks associated with it and other treatment options. I acknowledge that I have been provided a copy of LifeWise Associates Agreement to Services which includes your rights as a client, confidentiality, exceptions to confidentiality, minors in therapy, scheduling of appointments, contacting providers and termination of services.

### APPOINTMENT NOTIFICATIONS

I hereby give my consent to be notified of appointments through text reminders, email reminders and/or through leaving a voicemail by LifeWise Associates staff and/or their electronic health record (EHR).

### PAYMENT PLAN AGREEMENT

I have received information regarding payment plans. I hereby agree that I'm responsible for payments of accounts, unless otherwise indicated and agreed by LifeWise Associates. I understand that my signature indicates that I'm ultimately responsible for payment and services rendered. Clients are expected to pay copays at the time of check-in by either cash, check or credit card. If an account becomes past due, a collection agency will be contacted. You may speak to your provider about the possibility of setting up a separate monthly payment plan.

### CONSENT TO TREATMENT SERVICES

Your signature below indicates that you have received a copy and agree to the Agreement to Services, Notice of Privacy Practices and Acknowledgment & Consent to Services. Your signature also indicates agreement with email consent, notifications and payment plan agreement.

Signature of Client:	Date:
Signature of Parent/Guardian:	Date: