

720 Alhambra Blvd. Sacramento, CA 95816 Phone: (916) 492-9007 MiddleWayHealth.com

I acknowledge that I have received a copy of the Providers 'Wellness Handbook.' I am aware of the enclosed office policies, including the limits to confidentiality, policy on cancelled appointments, and my rights and responsibilities as a client.

When applicable, I authorize payment of medical benefits from my insurance company to the undersigned therapist for counseling sessions. I authorize the release of any medical or other information, including a mental health diagnosis, necessary to process claims from my insurance carrier. I also request payments of government benefits either to myself or to the party who accepts assignment below.

I accept, understand and agree to abide by the contents and terms of this agreement and further, consent to participate in evaluation and/or counseling.

Client Name (please print):	
Client Signature:	
Date:	
I consent to treatment with (therapist's name)	
Therapist Signature:	Reg./Lic. #
Date:	
Notice of Privacy Practices Acknowledgement of Receipt	
The Notice of Privacy Practices provides information about health information about you.	how we may use and disclose protected
I acknowledge that I have received a copy of the Providers	'Notice of Privacy Practices'.
Signature of Patient (or Patient's Representative)	Date
Print Name	Relationship to Patient (if applicable)



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## Written Acknowledgement Not Obtained

Handbook and Notice of Privacy Practices Given – Patient Unable to Sign
Handbook and Notice of Privacy Practices Given – Patient Declined to Sign
Handbook and Notice of Privacy Practices Mailed to Patient – Awaiting Signature
Other Reason Patient Did Not Sign