

A BRIGHTER DAY COUNSELING SERVICES, LLC

Client Consent for use and Disclosure of Protected Health Information

HIPAA – Consent Form for Clients

(A Brighter Day Counseling Services)

*Acknowledgment of Receipt of Notice of Privacy Policies
and Consent for disclosures for treatment , payment and
operations.*

ACKNOWLEDGMENT AND CONCENT

*By signing below, I hereby acknowledge that I
have been made aware of this office's Notice
of Privacy Practices. In addition, by signing below, I hereby
consent to the use and disclosure of my health information for
treatment purposes and claims payment activities of the office
as described in notice.*

Signature of Client or Legal Guardian

Print Client's Name

Date

Print Name of Client or Legal Guardian, if applicable