

# Renewed Life Counseling Services, PLLC

705 S. Ogontz St. York, PA 17403 (717) 549-4020

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## Consent Signature Page

**Client name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

I have had the opportunity to review the Policy Forms, they have been explained to me and I was able to ask questions regarding each of the different aspects of these policies.

\_\_\_\_\_ Counseling Policy  
Initial \_\_\_\_\_

\_\_\_\_\_ Financial Policy  
Initial \_\_\_\_\_

\_\_\_\_\_ Assignment of Benefits  
Initial \_\_\_\_\_

\_\_\_\_\_ Notice of Privacy Practices  
Initial \_\_\_\_\_

By my signature below, I give my consent Renewed Life Counseling Services to use and disclose, for the purpose of carrying out treatment, payment, and/or health care operations, protected health information in reference to the above referenced client.

I understand that the terms of these policies may change from time to time, in which case I will be notified of such changes, either verbally or in writing, and, upon my request will be provided the opportunity to review the new policy.

I understand that I have the right to request that Renewed Life Counseling Services restrict the use or disclosure of protected health information for carrying out treatment, payment and/or health care operations. I also understand that Renewed Life Counseling Services is not required to agree to any restriction; however, if the requested restrictions are agreed to in writing by Renewed Life Counseling Services, those restrictions are binding.

In addition, I understand that Renewed Life Counseling Services may make treatment conditional on my signing this Consent.

Finally, I understand that I have the right to revoke this Consent, in writing, at any time, except to the extent that Renewed Life Counseling Services has acted in reliance hereon.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Professional Counselor \_\_\_\_\_ Date \_\_\_\_\_

Counselor signature above verifies that the Client received adequate explanation to make an informed decision