

LIVING WELL BEHAVIORAL HEALTH, INC.

Acknowledgement of Receipt of “Notice of Privacy Practices”

This **ACKNOWLEDGEMENT** THAT WE HAVE PROVIDED YOU THE OPPORTUNITY TO REVIEW OUR “NOTICE OF PRIVACY PRACTICES” is required by federal law. Thank you for your cooperation.

I, _____, acknowledge that I have received from Living Well Behavioral
(Client Name Printed)

Health Inc., the “Notice of Privacy Practices” and have had adequate opportunity to read and review the document. I have been informed that a copy is posted for my review in the waiting area and that I have a right to request a written copy of this notice at any time.

Consent To Treatment

I, _____, agree to receive treatment from Living Well Behavioral Health, Inc.
(Client Name Printed)

I understand that I can withdraw this consent to treatment at any time. A withdrawal of consent must be done in writing and will include the reason for withdrawal.

Client or Responsible Party Signature: _____

Date Signed: _____