

Achieving Family Wellness, LLC

Corbett Sousa, LCSW

16 12th Ave. S., Suite 208 Nampa, Idaho 83651

Please initial each agreement and authorization then sign and date below:

_____ I have read and reviewed the informed consent of Achieving Family Wellness. I understand and agree to all of the terms as they are written including fee schedule, no-show fee, and children as minors. I acknowledge that I may request a written copy of this form from my provider.

CLIENT RIGHTS

_____ I have read, understand, and accept my rights as a client Achieving Family Wellness, regarding both privacy practices, and the scope of services available. I acknowledge that I may request a written copy of this form from my provider.

HIPAA AND YOUR PROTECTED HEALTH INFORMATION

_____ I have read the HIPAA and Protected Health Information (PHI) agreement and agree to its terms. I acknowledge that I may request a written copy of this form from my provider

MANAGED CARE INSURANCE PLANS RELEASE OF INFORMATION

_____ I have read the information regarding the release of protected health information and authorize Achieving Family Wellness to coordinate my care with my insurance plan and primary care physician.

AUTHORIZATION TO TREAT A MINOR CHILD (if applicable)

_____ I have read the authorization, agree to its concerns and hereby consent Achieving Family Wellness to provide services to the minor child listed below is a minor in my care.

These forms are available at the office of Achieving Family Wellness located at: 16 12th Ave. S., Suite 208 Nampa, Idaho 83651 or can be emailed to you upon request. If you have any questions about any of the information listed, please speak directly to your counselor or call 208-649-6048.

Client Name: _____

Client Signature: _____ Date: _____
(12 years and older)

Parent/Guardian Signature: _____ Date: _____