

Creating Positive Outcomes

Christine Hardway, LCSW

We require at least 24 hours notice to avoid a \$75.00 cancellation fee.

Payment is required at appointment. Both Cash and Check are accepted.

Notice of Privacy Practices Receipt and Acknowledgment of Notice

Patient/Client Name: _____

Date of Birth: _____

Social Security #: _____

I acknowledge that I have received and have been given an opportunity to read a copy of the Notice of Privacy Practices for Christine Hardway, LCSW. I understand that if I have any questions regarding the Notice or my privacy rights, please contact the office.

Signature of Patient/Client **Date**

Signature or Parent, Guardian or Personal Representative **Date**

If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member **Date**