# A Path to Change, LLC Michelle McLain, M.A., LPC

# CONSENT TO TREATMENT SIGNATURE PAGE

# **Notice of Privacy Practices Receipt and Acknowledgment of Notice**

I hereby acknowledge that I have received, read, and understand the information presented to me in the informed consent and Notice of Privacy Practices. My signature below indicates my agreement to these terms. I understand that if I have questions regarding consent to treatment and the Notice or my privacy rights, I can contact A Path to Change, LLC.

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Client’s Name (please print)

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Signature of Client Date

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Printed Name of Parent/Guardian/Legal Representative (as applicable)

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Signature of Parent/Guardian/Legal Representative (as applicable) Date

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Relationship to Client (as applicable)

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Michelle McLain, M.A., LPC Date

Client Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_