NOTICE OF PRIVACY PRACTICES

(HIPPA)

**A Path to Change, LLC**

**Consent Form**

I ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have received a copy of the “Notice of Privacy Practices (HIPPA)” form from A Path to Change, LLC. It was reviewed by Michelle McLain, M.A., LPC and any relevant questions have been addressed. I hereby consent and acknowledge my agreement to the terms set forth in this form. I understand that I can obtain additional copies as needed by contacting Michelle McLain, M.A., LPC and requesting one.

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Signature of Client Date

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Relationship to Client (as applicable)

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Michelle McLain, M.A., LPC Date

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