



LANE K. DAVID, LPC

# STATEMENT OF PRIVACY PRACTICES

## ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have read and been offered a copy of the Notice of Privacy Practices and I also understand my rights as a client of Lane David, LPC. I also understand the obligations of Lane David, LPC requiring the use and disclosure of my personal health information.

X

Client Signature

Date

X

Print Name Above (If client is a minor, please complete on their behalf.)

X

Legal Representative's Signature (Above)

Relationship to Client

X

Print Legal Representative's Signature (Above)

Date

## DECLARATION OF PRACTICES AND PROCEDURES (STATEMENT OF UNDERSTANDING)

I have read and fully understand Lane David, LPC's Declaration of Practices & Procedures.

X

Client Signature

Date

## CONSENT TO PROVIDE COUNSELING SERVICES TO A MINOR

I, \_\_\_\_\_ give permission for Lane David, LPC to conduct counseling with my (circle one) SON or DAUGHTER, \_\_\_\_\_.

I certify that under the laws of the State of Louisiana, I have the legal right to authorize treatment for this individual.

X

Legal Representative's Signature (Above)

Date

**PLEASE PRINT THIS FORM, FILL IT OUT, AND BRING IT WITH YOU TO YOUR FIRST APPOINTMENT.**