



Community Hope Christian Counseling

Helping People Find the Hope of Christ

I have reviewed the **Consent for Services and Fee Agreement** form, the **PF 2000 Consent to Use and Disclosure of Protected Health Information** form and received a copy of the Community Hope Christian Counseling **PF 1000 Notice of Privacy Practices** and give my permission to Community Hope Christian Counseling to use and disclose my health information in accordance with it.

Date

Name of Client (Print or Type)

Name of Client Representative (Print or Type)

Signature of Client

Signature of Client Representative

Relationship of Client Representative

Witness (Print or Type)

Signature of Witness