

AWAKENING ENERGIES, LLC

Therapy Agreement and Notice of Privacy and Client's Rights under HIPPA

Signature Page

I acknowledge that I have read and received copies of the following documents: The Awakening Energies, LLC Therapy Agreement and the Notice of Privacy and Client's Rights under HIPPA. My signature below confirms that I understand and accept the information in these documents.

If more than one individual is seeking therapy, each individual's signature is required, indicating the above statement is true.

Signature of Client

Date

Signature of Parent/Guardian if client is a minor

Date

Consent for Treatment

I am entering into this therapy contract with Awakening Energies, LLC, with my full understanding, participation and consent. I understand that I share responsibility for my own treatment and/or the treatment of my child with my therapist. I am aware that I am entitled to ask questions about my own/my child's therapy. I hereby give my consent for the therapist to provide treatment for me and/or to treat my minor child(ren) listed below as determined clinically necessary. This signature authorizes my therapist to provide services that include treatment, payment, and business operations.

Signature of Client

Date

Signature of Parent/Guardian if client is minor

Date