

**TRI-LAKES RELATIONAL CENTER**  
*“Compassionate Christian Care and Counseling”*  
A ministry of Tri-Lakes Church

**SIGNATURE FORM**

**HIPAA Notice Acknowledgement**

I have received a copy of the Notice of Psychotherapist’s Policies and Practices to Protect the Privacy of Client’s Health Information.

\_\_\_\_\_

Date

\_\_\_\_\_

Client, parent/guardian Signature

**Counseling Services Agreement**

Your signature below indicates that you have read the Counseling Services Agreement and agree to its terms.

\_\_\_\_\_

Date

\_\_\_\_\_

Client, parent/guardian signature