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ACKNOWLEDGEMENT OF RECEIPT OF PRACTICE FORMS, POLICIES, & CONSENTS

You have the right to refuse to sign this Acknowledgment

I, _____ have received copies of the following forms/documents from Zen
Print name here
Life Mental Wellness, LLC.

- Consent to Treat
- Missed Appointment Policy
- Payment Agreement
- Consent to Bill Insurance
- Consent to Communication
- Telehealth Consent
- HIPAA Privacy Policy
- Patient Bill of Rights
- Mandatory Reporting Policy
- Emergency Protocol & Communication Policy

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Olivia Szerszen attempted to obtain acknowledgment of client's receipt of the Notice of Privacy Practices, however acknowledgment could not be obtained because

_____ Individual refused to sign

_____ An emergency situation prevented him from obtaining acknowledgement.

_____ Other (explain) _____
