

Professional Disclosure Statement and Consent for Treatment and HIPAA Client's Rights Signature Sheet

I acknowledge that I have received and read the **Professional Disclosure Statement and Consent for Treatment** and the **HIPAA Clients Rights**. I further acknowledge that I seek and consent to treatment with Sandra Hennies. My signature below confirms that I understand and accept all of the information contained in the **Professional Disclosure Statement and Consent for Treatment** and the **HIPAA Client's Rights**.

Signature of Client

Date

If more than one individual (spouse or family member) is seeking therapy, please sign below. Signatures below confirm that each understands and accepts all of the information contained in the **Professional Disclosure Statement and Consent for Treatment** and the **HIPAA Client's Rights**, and that each seeks and consents to treatment with Sandra E. Hennies

Signature of Client #2

Date

Signature of Client #3

Date

Signature of Client #4

Date

Signature of Client #5

Date

Signature of Client #6

Date

Signature of Client #7

Date