



COLLABORATIVE COUNSELING TMS

Map Your Journey • Activate Your Brain • Restore Your Hope.

Acknowledgement of Receipt of Notice of Privacy Practices and Policies

In order to comply with HIPAA standards, each practice must obtain a signed acknowledgement that each direct treatment patient has received its Notice of Privacy Practices and Policies or must document a good faith effort to provide the Notice and receive a written acknowledgement of receipt. This will allow practices to use or disclose confidential information (protected health information) for treatment, payment, or healthcare operations.

I have received a copy of the Notice of Privacy Practices and Policies from:

Collaborative Counseling TMS
5560 Sterrett Place, Suite 201
Columbia, MD 21044

Patient Signature: _____ **Date:** _____

The authorization below is given on the patient's behalf because the patient is either a minor or unable to sign.

Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____

Acknowledgement of Receipt of Notice of Office Policies and Procedures

I have received a copy of Collaborative Counseling TMS' Notice of Office Policies and Procedures. I understand and agree to abide by them and consent to receive treatment. I understand and agree to abide by the late cancellation and missed appointment policy and the direct payment/fee for service policy.

Patient Signature: _____ **Date:** _____

The authorization below is given on the patient's behalf because the patient is either a minor or unable to sign.

Name: _____ Relationship to Patient: _____

Signature: _____ Date: _____

See Yourself Depression Free

5560 Sterrett Place, Suite 201, Columbia, MD 21044 • p 443-546-1100 • f 443-546-4005
www.collaborativecounselingtms.com