EMPOWER
Therapeutic Support Services LLC
227 Colfax Ave N, Suite 15
Minneapolis MN 55405

Authorized Consent to Treatment and Payment

Acknowledgement of Receipt of Notice of Privacy Practice

Name of Individual: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____ Email Address: _____

Individual Name (or Legal Representative): _____

Individual's (or Legal Representative's) Signature: _____

Please initial 1-5, which corresponds to your signature above to indicate understanding and consent:

_____ I acknowledge receipt of a copy of Empower Therapeutic Support Services, LLC Notice of Privacy Practice.

_____ I understand the service that will be provided and consent to treatment.

_____ I consent to services billed to my primary and/or secondary insurance.

_____ I hereby authorize payment directly to Empower Therapeutic Support Services, LLC of the policy benefits otherwise payable to me, but not to exceed the provider's regular charges for the period of treatment. I understand that I am financially responsible to ETSS for all charges not covered by this authorization.

_____ Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.), neither you (client) nor your attorney, nor anyone else acting on your behalf will call on your therapist to testify in court or at any other proceeding, nor will a disclosure of psychotherapy records be requested.

For Office Use Only

We made the following efforts to obtain written acknowledgement of receipt of the *Notice of Privacy Practices:*

_____

However, acknowledgement could not be obtained because:
o Individual refused to sign
o Communication barriers prohibited obtaining the acknowledgement
o An emergency situation prevented us from obtaining acknowledgement
o Other (please specify): _____