

# RHEMA



**Counseling & Support Services**  
*Solution Focused Treatment*

## **COUNSELOR - CLIENT SERVICES AGREEMENT**

My signature below indicates that I have received and had the opportunity to read and discuss the Counselor-Client Services Agreement. I understand and agree to its terms and I willingly grant permission for me or my child to be treated by RHEMA Counseling & Support Services, PC.

Print Client or Legal Guardian Name \_\_\_\_\_

Signature of Client Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## **ACKNOWLEDGMENT OF NOTICE OF PRIVACY PRACTICES**

I have received and had the opportunity to read and discuss RHEMA Counseling & Support Services Notice of Privacy Practices that explains the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides privacy protections and client rights with regard to the use and disclosure of my Protected Health Information (PHI) used for the purpose of treatment, payment, and health care operations. I further understand that RHEMA Counseling & Support Services, PC reserve the right to revise the terms of this Notice and that I may obtain a copy of those revisions online at [www.rhemacss.com](http://www.rhemacss.com). I may also obtain a copy from their office located at 5317 Highgate Drive, Durham, NC 27713 or I may request a copy by calling (919) 544-1300.

Print Client or Legal Guardian Name \_\_\_\_\_

Signature of Client Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize the use or disclosure of my health information and records to the following people: (Please list yourself, and family members, friends or physicians who did not refer you):

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## **PAYMENTS OF BENEFITS AUTHORIZATION**

I hereby authorize payment of all services rendered to me to be paid directly to RHEMA Counseling & Support Services, PC providing that my insurance company will forward payment directly to them. I understand that regardless of my insurance, I am financially responsible for payment of services rendered to me. I also authorize the release of any information that is needed by my insurance company to process such claims.

Print Client or Legal Guardian Name \_\_\_\_\_

Signature of Client Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_