

MEREDITH MANKER, LPC

250 S. Pleasantburg Drive, Greenville, SC 29607

Phone: 864-630-6185

meredithmanker.com

meredithmanker@gmail.com

PROFESSIONAL DISCLOSURE STATEMENT/ HIPAA GUIDELINES:

I, the client, acknowledge that I have seen and read the Professional Disclosure Statement and the HIPAA Guidelines. I further acknowledge that I have been offered a copy if I desire one and that I consent to and seek treatment with Meredith Manker, LPC.

AUTHORIZATION FOR RELEASE OF INFORMATION:

I, _____, hereby grant permission for Meredith Manker, LPC, 250 S. Pleasantburg Drive, Greenville, SC 29607, 864-630-6185, to receive or exchange confidential information with:

regarding my treatment. This information may include diagnosis, course of treatment, medications, and treatment plans. I understand that I am releasing this information to enable my psychotherapist to provide me with the best possible care in my course of treatment. I understand that I may rescind this agreement at any time by notifying both parties in writing of my decision to do so.

RELEASE OF INFORMATION AND PERMISSION OF ASSIGNMENT OF PAYMENT

I authorize the release of any medical or other information necessary to process medical claims for counseling services with Meredith Manker, LPC. I also authorize payment of medical benefits directly to Meredith Manker, LPC. I authorize the use of collection agencies for any unpaid balances.

INFORMED CONSENT

I understand that as a client of Meredith Manker, LPC, I need to give 24 (twenty-four) hours notice to reschedule or cancel an appointment. I also agree to pay her hourly rate of \$60.00 (sixty dollars) any time that I do not give the necessary 24 (twenty-four) hour notice or do not present for an appointment.

Client/Responsible Party Signature

Date

Witness Signature

Date