

Psychological Resource Group

1951 Woodlane Drive, Suite 102 • Woodbury, MN 55125
Office (651) 739-1128 • Fax (651) 731-6345

Consent for Service

By signing below, I acknowledge that I have read and understand all the information stated in the Client Services Orientation Packet and all questions have been answered to my satisfaction. I understand, accept and agree to abide by the contents and terms of the Client Service Orientation Packet and understand that I may withdraw from services at any time without explanation.

Please Print Name

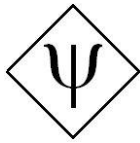
Date

Client Signature (parent/guardian if under 18)

Date

PRG Provider Signature

Date



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Acknowledgement of Receipt of Notice of Privacy Practices

Clients Name: _____

Parent/Guardian's Name (if client is a minor): _____

By signing below, I hereby acknowledge receipt of the Notice of Privacy Practices for **Psychological Resource Group**:

Signature of client

Date

Signature Parent/Guardian (minors only)

Date

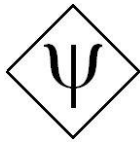
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For PRG/Office use only:

Date: _____

(Provider) _____ has made good faith efforts to obtain written acknowledgement of receipt of the Notice of Privacy Practices, but has been unable to obtain it for the following reasons:

- _____ Individual refused to sign
- _____ Communications barrier prohibited obtaining a signed acknowledgement
- _____ Emergency services prohibited obtaining a signed acknowledgment
- _____ Other (please specify) _____



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Confidential Release of Information

I hereby authorize **Psychological Resource Group** to exchange information with:

Name and title

Address

City

State

Zip Code

Phone number and/or Fax number, including the area code

Information regarding services received for the purpose of:

Name: _____
(please print)

Signature: _____ Date: _____

This consent is valid until _____ (one year from today's date)

I understand that I may only revoke this form by notifying in writing the party authorized by this form to release information. I further understand that I will need to sign a new release form when the consent date expires in the event that I wish to continue to authorize the release of information. I certify that this form has been fully explained to me and I understand the its contents.