Jacob's Ladder Psychological Services, PLLC
11201 Richmond Avenue, Suite A-111A
Houston, TX 77082-6653

Patient Acknowledgment of the Notice of Privacy Practices and Consent for Use and Disclosure of Personal Health Information

_____ _____
Printed Name **Date**

I acknowledge that I either received a copy of this office's NOTICE OF PRIVACY PRACTICES or that this office's NOTICE OF PRIVACY PRACTICES was made available for me to receive. I consent to the use and disclosure of my personal health information by your office for Treatment, Billing/Payment and Healthcare Operations as outlined in the NOTICE of PRIVACY PRACTICES.

_____ _____
Client Signature Date

_____ _____
Client Guardian or Authorized Representative Signature Date

_____ _____
Witness Signature with Title Date

YOU MAY REFUSE TO SIGN THIS ACKNOWLEDGEMENT

Office Use Only

_____Individual refused to sign

_____Communication barriers prohibited obtaining the acknowledgement

_____An emergency situation prevented us from obtaining acknowledgement

Tel: 281-512-4734
Fax: 281-293-8100
jacobsladderpsych@yahoo.com