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Segues Christian Counseling LLC  
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Adrian, MI 49221

**HIPPA Notice of Privacy Practices and Informed Consent Signature Page**

**In accordance with the HIPPA Privacy Rule, we must inform you about how your private information may be used when receiving services through Segues Christian Counseling LLC. We must also inform you of the following:**

- Counseling process, approach and practice
- Sessions and financial arrangements
- Counselor background
- Confidentiality and limits of confidentiality
- After hours and emergency situations
- Ethics and complaint procedures
- Permission to leave messages via phone and/or email

You must acknowledge that you have been informed and read the ***HIPPA Privacy Policy, Professional Disclosure and Informed Consent.***

I, the counselee, understand that I have a right to decide whether or not to participate in counseling services. My counselor has discussed the areas listed above and I was given the opportunity to have my questions answered and I understand the information that was presented.

I give my counselor permission to contact me and leave a message according to the method agreed upon.

I acknowledge that I have been informed of the ***HIPPA Privacy Policy, Professional Disclosure and Informed Consent.***

I also acknowledge that I have received a copy of the **Segues Christian Counseling LLC Notice of Privacy Practices.**

**By signing below, I am providing informed consent for treatment.**

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Signature of Counselee or Parent or Guardian of Counselee if under the age of 18 Date

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Printed Name of Counselee Date

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Signature of Counselor, Credentials Date