

# Redding Therapy Center

Ryan A Frost, Owner, Clinical Supervisor  
Licensed Marriage and Family Therapist MFC # 51777  
1484 Hartnell Avenue, Suite J  
Redding, CA 96002

## Informed Consent and HIPAA Notice of Privacy

\_\_\_\_\_  
Initial I received a copy of the Agreement, Informed Consent, Office Policies and General Information and have read them carefully, (total 4 pages) I understand them and agree to comply with them.

\_\_\_\_\_  
Initial I acknowledge receipt of the four (4 page) HIPAA NOTICE of PRIVACY PRACTICES. I understand that I can request an additional copy of the HIPAA NOTICE and/or the General Policies and Information Agreement at any time.

\_\_\_\_\_  
Client name (print) Client Signature Date

\_\_\_\_\_  
Client name (print) Client Signature Date

\_\_\_\_\_  
Parent (Guardian) Signature Date

\_\_\_\_\_  
Parent (Guardian) Signature Date

\_\_\_\_\_  
Clinician name/number Signature Date