

Sandra E. Hennies

Licensed Marriage & Family Therapist · Columbia, South Carolina

CONSENT & ACKNOWLEDGMENT SIGNATURE SHEET

I acknowledge that I have received and read the Professional Disclosure Statement and Consent for Treatment and the HIPAA Client's Rights. I further acknowledge that I seek and consent to treatment with Sandra Hennies. My signature below confirms that I understand and accept all of the information contained in the Professional Disclosure Statement and Consent for Treatment and the HIPAA Client's Rights.

SIGNATURE OF CLIENT

DATE

FOR COUPLES OR FAMILIES — ADDITIONAL SIGNATURES BELOW

Signatures below confirm that each individual understands and accepts all of the information contained in the Professional Disclosure Statement and Consent for Treatment and the HIPAA Client's Rights, and that each seeks and consents to treatment with Sandra E. Hennies.

SIGNATURE OF CLIENT #2

DATE

SIGNATURE OF CLIENT #3

DATE

SIGNATURE OF CLIENT #4

DATE

SIGNATURE OF CLIENT #5

DATE

SIGNATURE OF CLIENT #6

DATE

SIGNATURE OF CLIENT #7

DATE