

ACKNOWLEDGMENT & CONSENT FOR TREATMENT

Claire Hatch, LICSW
10827 NE 68th Street, Suite C
Kirkland, WA 98033 425 822-5202

I acknowledge that I agree to the terms in the following 2 documents:

1) The Disclosure Statement of Claire Hatch, LICSW, dated 6/2012; and 2) The Notice of Privacy Practices, dated 4/2003.

I have read and understood these 2 documents, have been given an opportunity to ask questions about them, and have received copies for my files.

Client	Date	Counselor	Date
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AUTHORIZATION TO ACKNOWLEDGE REFERRAL

I authorize Claire Hatch, LICSW, to share with the person who referred me to her the fact that I have applied for services.

Client	Date
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AUTHORIZATION TO BILL INSURANCE

I authorize the release of any medical or other information to necessary to process this claim.

Client	Date
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I authorize payment of medical benefits to the undersigned physician or supplier of services described above.

Client	Date
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