

Teresa Gregory Ormand, LISW-CP
114 Williams St., Suite 101
Lancaster, SC 29720
803.287.4771

Acknowledgement of Receipt of Notice of Privacy Practices

This form will be retained in your medical record

By my signature below, I acknowledge that I received a copy of the Notice of Privacy Practices for this mental health practice.

 I do hereby allow designate the following individual(s) to receive communications from Teresa Ormand that may include health information about me. Their name and contact information is:

 I do not allow anyone to receive communications from Teresa Ormand that may include health information about me.

I understand that Teresa Gregory Ormand, LISW-CP will not be involved with any of the following:

- Custody Issues
- Court Hearings
- Disability
- Divorce Situations

If a letter or summary of records are needed, there will be a **\$25 dollar fee** that is due at the time the letter is picked up.

I further understand that a **NO SHOW/Late Cancellation fee of \$50.00** will be charged to my account without a 24 hour notice.

\$35.00 per session will be billed to all self-pay patients and to those whose insurance does not pay. Payment due when services are rendered.

Signature of client or personal representative
Or parent or guardian

Date

If this acknowledgement is signed by a personal representative on behalf of the patient, complete the following:

Personal Representative's Name: _____

Relationship to Patient: _____