

**HYLAND PSYCHOLOGICAL SERVICES, INC.  
ACKNOWLEDGEMENT OF PRIVACY PRACTICES  
AND CONSENT TO TREATMENT**

**I have had the opportunity to review the Notice of Privacy Practices and have had any questions fully answered. I understand that I may request a copy of the Notice to keep if I so wish.**

**I have reviewed and understand my rights as a client and consent to treatment with Hyland Psychological Services, Inc.**

**I have reviewed and agree to the terms in the financial agreement.**

**By signing below, I acknowledge the preceding statements to be true and agree the policies described in the aforementioned documents.**

\_\_\_\_\_  
**Signature of Client  
or Authorized Representative**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Therapist Signature**

\_\_\_\_\_  
**Date**