

Soul-Etudes, LLC
Dr. Debra Sutton, MDiv, PhD, MFT
Certified IFS Practitioner
Email: drdebrasutton@gmail.com Phone: 484.380.5543

CLIENT ACKNOWLEDGEMENT FORM

Pursuant to HIPAA, Dr. Sutton is obligated to request that clients sign an acknowledgement that they have received and reviewed the Notice of policies and Practices to Protect the Privacy of your Health Information.

Please request this from your therapist if you would like a copy of this Notice.

NAME OF CLIENT(s) _____

SIGNATURE of CLIENT(s) _____

DATE SIGNED: _____

**NAME of PARENT(s)/LEGAL GUARDIAN(s) of MINOR CHILDREN or
OTHER LEGAL REPRESENTATIVE**

**SIGNATURE of PARENT(s)/LEGAL GUARDIAN(s) of MINOR CHILDREN or
OTHER LEGAL REPRESENTATIVE**

DATE SIGNED: _____