## Hope's Place

Linda Yearout, LCMFT 654 N. Woodchuck, Suite G Wichita, KS 67212 316-217-5982

As per requirements of HIPAA, and the State of Kansas law, I understand by signing below I have received a copy of Hope' s Place Client Rights, Informed Consent and Disclosure of Provider.

Client Name:

DOB: \_\_\_\_\_

Client/Guardian/DPOA of Patient

Date