



Ronda L Hood, IADC, LMHC  
Heart and Mind Counseling  
3209 Ingersoll Ave, Suite 106  
Des Moines, IA 50312  
Office: 515-850-1458  
Cell: 515-868-9681  
Fax: 515-993-3845  
[www.heartandmindofiowa.com](http://www.heartandmindofiowa.com)

---

Your signature indicates that you have been offered a copy of the Heart and Mind Counseling Notice of Patient Rights, Responsibilities, Treatment Expectations, and Consent to Treatment, which outlines your rights and responsibilities and Heart and Mind Counseling's treatment expectations, emergency services, financial policy, hours of operation, and grievance and termination of services procedures. Your signature indicates that you understand Heart and Mind Counseling has the right to revise these information practices. A revised Notice will be posted online at [www.heartandmindofiowa.com](http://www.heartandmindofiowa.com) and you may obtain a current Notice at any time.

Your signature indicates that you have been offered a copy of the Heart and Mind Counseling's HIPAA Privacy Notice.

Your signature indicates you consent to be treated by a Heart and Mind Counseling therapist.

Your signature indicates that you consent to Heart and Mind Counseling releasing information to your insurance company for billing and auditing purposes and to submit insurance claims on your behalf, if you are using insurance to pay for your therapy sessions.

---

Printed Name of Client

---

Signature of Client

---

Date

---

Printed Name of Parent / Legal Guardian (if applicable)

---

Signature of Parent / Legal Guardian (if applicable)

---

Date

---

Printed Name of second Parent / Legal Guardian (if applicable)

---

Signature of second Parent / Legal Guardian (if applicable)

---

Date

---