

Grow Yourself Great Counseling and Consulting, PLLC

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Consumer's Name:	Date of Birth:	Record #:
Legal Guardian:	Insurance:	Policy #:

CONSUMER RIGHTS ACKNOWLEDGMENT

I,(Consumer/Gu understand the "Notification of Consumer Rights that I understand them.	ardian's Name) hereby acknowledge that I have read and " and that these have been read and explained to me so
Consumer's Signature:	Date:
Legal Guardian's Signature:	Date:
* * * * * * * * * *	* * * * * * * * * * * *
Complete this section if the Consumer is una	able or unwilling to sign.
(Consu	umer Name) has read his/her rights on
(Date). These rights were reviewed, and explained by	
Name).	
Staff Name:	Date:
Witness Name:	Date: