

## 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<br>understand the "Notification of Consumer Rights<br>that I understand them. | ardian's Name) hereby acknowledge that I have read and<br>" 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:  |