

**Client-ClearWind Farm, LLC Contract  
SIGNATURE PAGE**

**Client:** \_\_\_\_\_

***I have received a copy*** of the Client-ClearWind Farm, LLC Contract and a copy of the HIPPA Privacy Notice.

\_\_\_\_\_  
Signature (Patient or Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

***I have read, understand and accept*** all of the provisions of the Client-ClearWind Farm, LLC Contract and give my consent for treatment under its terms.

\_\_\_\_\_  
Signature (Patient or Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

**I have read, understand, and accept  
the following by initialing each item:**

\_\_\_ ClearWind Farm, LLC may disclose Protected Health Information when necessary to my insurance company if I want my insurance to be filed. If this is not initialized, I understand that I must pay in full for services.

\_\_\_ ClearWind Farm, LLC may use Protected Health Information to consult a clinical supervisor for the purpose of Treatment/Consultation.

\_\_\_ ClearWind Farm, LLC may share information as necessary with my in-office psychotherapist and/or psychiatrist.

\_\_\_ ClearWind Farm, LLC may contact me or leave messages at my home telephone number.

\_\_\_ ClearWind Farm, LLC may contact me by email.