**Bob Gamble, MA, LPC**
702 Pettigru Street
Greenville, SC 29601
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(864) 444-6744

## HIPPA Acknowledgement, Financial Obligation and Consent

I acknowledge that I have read and received copies of a professional disclosure statement from Bob Gamble (Bob Gamble Counseling, LLC) and Client's Rights under HIPAA. My signature confirms that I understand and accept the information in these documents. I further consent to treatment with Bob Gamble and understand that participation in treatment and/or psychological assessment/testing is voluntary and I can terminate services at any time. While I expect benefits from treatment, I understand that these cannot be guaranteed. I also understand that I am financially responsible for these services.

I understand that Bob Gamble is a pastoral counselor and a Licensed Professional Counselor in the state of South Carolina.

I understand that Bob Gamble Counseling, LLC is a self-pay business and that I am responsible for payment at the time of service unless other arrangements have been previously established.

**Missed or cancelled appointments**: Twenty-four notice must be given prior to cancellation or change of appointments. Missed appointments or same day cancellations will be charged the full cost of the appointment. Exceptions may be granted for emergencies or unexpected situations.

Your signature below certifies the following: I have read and understand this billing policy and agree to make payment in full at the time of service unless other provisions have been agreed to previously. I understand that I am financially responsible for all charges whether or not paid by my insurance company. I specifically grant permission for Bob Gamble or his representative to contact me at home or work for the purpose of resolving my bill. I authorize Bob Gamble or his representative to release all information necessary to secure payment. A photocopy of this assignment is to be considered as valid as the original.

Client Name (please print): _____

Name of responsible party/guardian if different from client:_____

Signature of client or responsible party/guardian: _____

Date: _____