

**Rachel Mathew, LCSW  
Turning Point Psychotherapy, PLLC  
6845 Fairview Road, Charlotte 28210**

I have been offered a copy of the Notice of Privacy Practices.

\_\_\_\_\_  
Signature of Client or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

If you are the legal representative of the person listed above, please check of the basis for your authority:

\_\_\_\_\_ Parent of Minor

\_\_\_\_\_ Power of Attorney (attach copy)

\_\_\_\_\_ Guardianship order (attach copy)

\_\_\_\_\_ other