

**Agape Counseling Services, PLLC**

217 N. Fifth Ave, suite 201

Wilmington, N.C. 28401

(910) 251-7789

**Attestation Form**

*I have read the Agape Counseling Service's **Notice Regarding Patient Privacy: Policies and Procedures** document. My signature below indicates that I agree to it's terms. I was given the opportunity to discuss this policy and ask any questions to clarify information. I understand that I will be provided with a copy of this document upon request.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*My signature below indicates that I do not agree to its terms.*

\_\_\_\_\_  
Signature

*My signature below indicates that I am not able to sign as I do not understand it's terms.*

\_\_\_\_\_  
Signature

***“Restoring Souls to Health and Peace”***