

**Point of Change Christian Counseling**  
**An Affiliate of : Wood Christian Counseling**  
**Jason Jenkins, MABC LPC**  
**3800 Paluxy Dr. Ste. 240 Tyler, Texas 75703**  
**Office: (903) 283.8729 \* Fax: (888) 454.9083**

**Acknowledgement of Receipt of  
Health Insurance Portability and Accountability Act (HIPAA)**

I acknowledge that I have received the HIPAA notice of the office of Point of Change Christian Counseling, An Affiliate of: Wood Christian Counseling and attest that Jason T. Jenkins MABC LPC and Jennifer Wood, LMFT, LPC-S outlining the legal duties and privacy practices of health information about myself. I understand that if this notice changes in anyway, Point of Change Christian Counseling, An Affiliate of: Wood Christian Counseling and attest that Jason T. Jenkins MABC LPC and Jennifer Wood, LMFT, LPC-S will make such changes available to me for viewing.

**Client's Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_

**Guardian's Signature if minor:** \_\_\_\_\_

**Date:** \_\_\_\_\_