



**Acceptance in Abundance LLC  
South Carolina Statue 44-66-75**

**South Carolina Statue 44:6675 mandates that healthcare providers ask each patient to designate a family member or another individual who therapist may contact and provide information or discuss your medical issues and treatment plan with.**

**DO YOU WANT TO DESIGNATE A FAMILY MEMBER OR OTHER INDIVIDUAL WITH WHOM THE PROVIDER MAY DISCUSS YOUR MEDICAL CONDITION IF YES WHOM?**

**Patient Name:** \_\_\_\_\_

I would like to Designate:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I designate \_\_\_\_\_ as the following individual or family member that **Acceptance in Abundance LLC** may contact to provide or discuss my progress and treatment plan with.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



**Client may revoke or modify authorization with regard to any family member or other individual designated by the patient in the authorization and the revocation must be in writing. Mailed to Acceptance in Abundance Attn: Deshandra Johnson 310 Tolbert Dr. Greenwood SC, 29649.**