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ACKNOWLEDGEMENTS

Client Name: _____ Date: _____

Client Date of Birth: _____

By initialing each of the following and then signing below, I am acknowledging that I have read and understand as well as agree to adhere to the following policies. I also acknowledge that I have been offered copies of each to keep in my possession:

NAME OF POLICY/PAPERWORK COMPLETED

INITIALS

- | | |
|--|-------|
| 1) Acknowledgements | _____ |
| 2) Client Demographics | _____ |
| 3) Treatment Consent | _____ |
| 4) Financial Policy | _____ |
| 5) Notice of Practice Policies | _____ |
| 6) HIPPA Acknowledgement and Notice of Privacy Practices | _____ |
| 7) Authorization for Use or Disclosure of PHI | _____ |
| 8) Telemental Health Informed Consent | _____ |

These forms have been fully explained to me and I certify that I understand their contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding these forms fully.

Signature _____

Date _____

Effective 08/11/2021