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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	_____
9) Insurance Waiver Agreement	_____
10) Good Faith Estimate	_____
11) Request for Transmission of PHI by Non-Secure Means	_____
12) Credit Card Payment Consent Form	_____

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 12/10/2024