



Client Name: _____

Please initial beside each statement and sign below:

_____ I have read the attached Agreement for Services and I Agree to its Terms.

_____ I have read the Failed Appointment Policy and I Agree to its Terms.

_____ I have been provided with the Professional Disclosure Statement of my Counselor.

_____ I acknowledge receipt of the HIPAA Notice form.

Signature of Client (Parent or Guardian if client is a minor)

Signature of Client if Minor 13 years to 18 years

Printed Name Above

Date