**ACKNOWLEGEMENTS OF ALL FORMS**

After reading Informed Consent & Agreement for Psychotherapy Services, Notice of Privacy Practices**,** Professional Disclosure Statement, & Financial Policy **please print, sign, and bring with New Client Intake Forms.** Signing this document below is an Acknowledgment that you have read, understood, and have been offered copies of all forms for your records: **Informed Consent, Professional Disclosure Statement (PDS), Financial Responsibility, & Notice of Privacy Practices.**

**INFORMED CONSENT**

**By signing below**, Patient(s) acknowledge that Patient(s) have reviewed and fully understand the terms and conditions of this Agreement and have been offered a copy of the Informed Consent. Patient(s) have discussed such terms and conditions with the therapist, and have had any questions with regard to its terms and conditions answered to the Patient(s)’ satisfaction. Patient(s) agree to abide by the terms and conditions of this Agreement and consent to participate in psychotherapy with the Therapist. Moreover, Patient(s) agree to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

**NOTICE OF PRIVACY PRACTICES**

By signing below, Patient(s) have been offered a copy of the **Notice of Privacy Practices** pursuant to **HIPPAA laws.**

**PROFESSIONAL DISCLOSURE STATEMENT (PDS)**

**Your signature below** indicates that this information has been reviewed under the conditions listed in PDS.

**FINANCIAL POLICY AGREEMENT**

Your signature below indicates that this information has been reviewed and same day cancellations will result in a charge of $45.00 unless due to illness, work, or other unforeseen circumstance out of your control.

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Client’s Name or Parent/Guardian **(please print) Signature** of Client or Parent/Guardian Date

**EMAILING & TEXTING COMMUNICATION**

**Salem Counseling Place may** contact me or to reply to me via unencrypted email and/or text messaging. ***Please initial*** the options that meet your needs. (*You can change this at any time by communicating to me in writing.)*

\_\_\_\_\_ I do not wish to receive any treatment-related information via email or texting.

\_\_\_\_\_ I understand the risks of unencrypted email and text messages, and do hereby give permission for this.