



Acknowledgement Page

Please read each statement and initial that you have received and understand the information given.

_____ **Acknowledgement of Receipt of Written Statement of Clients' Rights** I have received and reviewed a copy of Graciela Aires Rust's Statement of Clients' Rights explaining my rights.

_____ **Acknowledgement of Professional Disclosure Statement & Policies** I have received and reviewed a copy of Graciela Aires Rust's Professional Disclosure Statement which includes information about Graciela Aires Rust's background, attendance and termination policies, and how to file a complaint.

_____ **Verification of Receipt of Privacy Notice** I have received and reviewed a copy of Graciela Aires Rust's Privacy Notice explaining how my Protected Health Information (PHI) will be protected and under what conditions this information will be released.

_____ **Acknowledgement of Receipt of Consent to Treatment** I declare that I am legally competent and that I have the capacity to consent to my treatment and/or to the treatment of family members of whom I am the parent or guardian.

_____ **Acknowledgement of Receipt of Payment and Attendance Policies** I understand that I will be charged the full cost of a session should I miss an appointment not cancelled 48 hours in advance. Insurance will not cover missed appointments. If I am more than 15min. late for an appt. it is considered a late cancelled appt.

_____ **Consent to use email and text for communication.** Email, text messaging, and other forms of electronic communication are not secure or protected. However I understand the social necessity for these types of communication. Please be advised that telephone calls are the most secure form of communication (outside of face to face), but that text messages and emails will be used with your acknowledgement by signing here.

_____ **Termination of Services** I understand that after the third missed appointment I may be contacted and notified of the termination of services.

Client Name (print): _____

Client Signature: _____ **Date:** _____

Witnessed by: _____ **Date:** _____