

Receipt and Acknowledgment of Notice of Privacy Practice and Therapy Informed Consent

Patient Name: _____ DOB: _____

I hereby acknowledge that I have received a copy of Karoll Counseling's Notice of Privacy Practices and Psychotherapy Information Disclosure Statement (Informed Consent) and had sufficient time to consider it carefully.

I have read and fully understand these documents. All questions have been answered to my satisfaction and I recognize that I have the opportunity now and in the future to discuss any question I may have with Carolyn Karoll, LCSW-C, CEDS-S. I agree to abide by Karoll Counseling's policies, procedures and fees explained herein during our professional relationship.

Signature/Date

Printed Name/Date

Signature of Carolyn Karoll, LCSW-C, CEDS-S/Date