

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 Debra Eng's Statement of Clients' Rights explaining my rights. They are also found online at <http://www.debraeng.com/client-paperwork.html>

_____ **Acknowledgement of Professional Disclosure Statement & Policies** I have received and reviewed a copy of Debra Eng's Professional Disclosure Statement which includes information about Debra's background, attendance and termination policies, and how to file a complaint. <http://www.debraeng.com/client-paperwork.html>

_____ **Verification of Receipt of HIPAA Privacy Notice** I have received and reviewed a copy of Debra Eng's Privacy Notice explaining how my Protected Health Information (PHI) will be protected and under what conditions this information will be released. <http://www.debraeng.com/client-paperwork.html>

_____ **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. I have the right to revoke my consent at any time.

_____ **Acknowledgement of Receipt of Financial and Attendance Policies** I authorize Debra Eng, LCSW, PLLC to file insurance on my behalf. I will inform Debra should my insurance change. I understand that I am responsible for my copay and any non-covered services. I understand that Debra Eng, LCSW, PLLC will release necessary information to process the insurance claim. I am responsible for the copay/coinsurance/fee at the time of service or within one week of received service.

I understand that I will be charged \$50 should I miss an appointment not cancelled 24 hours in advance. (This fee does not apply to Medicaid clients.) Insurance will not cover missed appointments. If I am more than 15min. late for an appt. it is considered a late cancelled appt. If I miss more than 3 appointments, I understand that I may be discharged and referred elsewhere.

_____ **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 initialing here. You also have the option of receiving a secure email account through TherapyAppointment.com. Please inform Debra Eng should you want a secure email account to correspond with your therapist.

_____ **Termination of Services** I understand that after the third missed appointment I may be contacted and notified of the termination of services. Other reasons for discharge are listed under my professional disclosure statement. <http://www.debraeng.com/client-paperwork.html>

Client Name (print): _____ Client Signature: _____

Witnessed by: _____ Date: _____