

Phillips Mental Health Counseling, P.C

Form # 1. Acknowledgment of Notifications: please print, sign, send this form to me, thank you.

I acknowledge the receipt of Lynda Phillips, LCMHC. NCC. **Consent to treatment and Office Policies and Agreement for Psychotherapy Services and Lynda Phillips communications policy, email and texting risk questionnaire, limits to confidentiality, and electronic payment communications documents.** I understand and agree to comply with these policies. I know that these policies will always be available to me on Lynda Phillips website at www.Phillipsmentalhealthcounselingpc.com although I may still request a paper copy if I am unable to access the copies on Lynda Phillips website.

I further understand that Lynda Phillips is a licensed clinical mental health counselor (LCMHC) in the State of New York. Nationally certified counselor NCC.

I also acknowledge the receipt of the **HIPAA Notice of Privacy Practices** for my review. I understand that the HIPAA form will remain available on Lynda Phillips website, and in her office, although I may request a paper copy if I cannot access the copies on Lynda Phillips website.

Revised 03, 2017

Signature, client 1: _____ date: _____

Print name: _____

Signature, client 2: _____ date: _____

Print name: _____

Signature, client 3: _____ date: _____

Print name: _____