

Alternative Counseling & Wellness Center

Acknowledgement of Receipt

I have been offered a copy of the following documents from my provider. I hereby acknowledge that I have read or have had them read to fully and completely. I have discussed any questions I had about the information and understand the information.

_____ Notice of Privacy Practices of this office as regulated through HIPAA. I understand that the Center in certain situations, must reveal confidential information per the law and that this may occur without my consent.

_____ Client's Rights & Responsibilities form outlining the expectations and roles of counseling. I consent to treatment and understand that there are no guarantees stated or implied, and I accept the risks inherent in the course of therapy.

Financial Policy Summary – I agree to provide payment:

- _____ Deductibles, copays, and/ or coinsurances at the time of visit
- _____ Missed appointment fees of \$75 if less than 24-hour cancellation notice
- _____ Return check fees of \$30
- _____ 1.5% interest assessed on balances after 30 days

_____ I grant permission for messages to be left on my voicemail, and to receive text messages or emails. Specific instructions or preferences: _____

_____ **Telemental Health Clients Only: I agree that I am currently a resident of the state of Maryland and am agreeing to Telemental Health Treatment**

****Telemental Health Clients, please sign and fax, email or mail back to ACWC Towson to initiate first session****

Fax: 410.828.6262

Address: Alternative Counseling and Wellness Center, 200 E. Joppa Road, Suite 400, Towson MD 21286

Client (Guardian if under the age of 18)

Date

Center Staff Member

Date