

Acknowledgement of Receipt of Privacy Policy & Procedures

I acknowledge that I have received a copy of the Privacy Policy & Procedures for the office of Stacie Crochet, LCSW. The Privacy Policy & Procedures describes the types of uses and disclosures of my protected health information that might occur in my treatment, payment for services, or in the performance of the office health care operations. The Privacy Policy & Procedures also describes my rights and the responsibilities and duties of the office with respect to my protected health information. Stacie Crochet, LCSW reserves the right to change the privacy practices that are described in the Privacy Policy & Procedures. If privacy practices change, I will be offered a copy of the revised Privacy Policy & Procedures at the time of my first visit after the revisions become effective. I may also obtain a revised Privacy Policy & Procedures by requesting that one be mailed to me.

Name of Patient: _____ Date: _____

Signature of Patient: _____

Acknowledgement and Understanding

Please review this information and ask about anything you do not fully understand.

Benefits and Emotional Risks: The majority of individuals and families that obtain behavioral health services benefit from the process. The therapeutic process is generally quite useful, but some risks do exist. As counseling begins, please understand that some experience unwanted feelings, and that examining old issues may produce unhappiness, anger, guilt, or frustration. Important personal decisions are often an outcome of counseling. These are likely to produce new opportunities as well as unique challenges. Sometimes a decision that is positive for one family member will be viewed as negative by another. Don't hesitate to discuss treatment goals, procedures or your impressions of the services that are being provided. Counseling is voluntary and you have the right to end services at any time.

Completing or Stopping Therapy: Periodically we assess how our work is going. If you are considering stopping our meetings, you may wish to let me know in advance. If we allow ourselves 1-2 sessions for wrapping up, then we can summarize the work we have done and forecast how you can maintain the progress you have made. This will help you to retain any new habits and changes you may have achieved. I give full consent for completion of an evaluation and the provisions of ongoing mental health treatment as necessary until I otherwise notify this clinician.

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____