Acknowledgements

You may contact me by phone at home, work, cell (circle) (initial) \_\_\_\_\_\_\_\_\_\_

You may contact me at home by mail (initial) \_\_\_\_\_\_\_\_\_\_

You may send appointment reminders by e-mail/text (circle) (initial) \_\_\_\_\_\_\_\_\_\_

I have access to a copy of the HIPAA Notice of Privacy Practices (initial) \_\_\_\_\_\_\_\_\_\_

in paper copy or on the website [www.joyinthebalance.com](http://www.joyinthebalance.com)

(counseling only)

I have received a notice of circumstances under which information

may be disclosed without my consent (initial) \_\_\_\_\_\_\_\_\_\_

I understand that payment is due at time of services (initial) \_\_\_\_\_\_\_\_\_\_

I understand that if I do not cancel before 24 hours before my

appointment, I will be charged $45.00 for that missed appointment (initial) \_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Joy in the Balance, 1/16