

Client Full Name (Please Print): _____

Please sign and provide the date in both places below.

I acknowledge that I have been provided a HIPAA Notice of Privacy Practices of Harmony Counseling Center, LLC and am aware of my rights and responsibilities as a client.

Signature of Client

Date

I also acknowledge that I have read and agree to the Informed Consent of Treatment and the Policies and Procedures of Harmony Harbor Counseling, LLC. If I am using insurance to pay for services, I agree to pay my copay, deductible, and/or charges as deemed necessary by my insurance plan. If I am not using insurance to pay for counseling services, I agree to pay the following fee for the initial session \$_____ and \$_____ for each additional session.

Signature of Client

Date

Signature of Counselor

Date

Please bring the following to your initial appointment:

- ✓ This signature page
- ✓ Picture identification
- ✓ Insurance card(s) (if applicable) and your
- ✓ Client Information Form.

Thank you and we look forward to seeing you soon.