

Leigh Church MS, LADC, CPC
Licensed Alcohol and Drug Counselor
Clinical Professional Counselor

Acknowledgement of Receipt – Informed Consent

This is to verify that I/we have read and understand the Informed Consent to Treatment to include my/our confidentiality, services provided, TeleTherapy, fees, emergencies, referrals, record keeping, and ending therapy.

Client Signature

Date

Last 4 digits SS#

By checking the box I agree that the signature I have entered above will be the electronic representation of my signature and initials for all purposes when I use them on documents, including legally binding contracts – just the same as a pen-and-paper signature.