

KATY FITZGERALD

Clinical Social Worker/Therapist, LCSW

ACKNOWLEDGEMENT PAGE

Please read each statement and initial that you have received and understand the information given.

Acknowledgement of Receipt of Written Statement of Clients' Rights: I have received and reviewed a copy of Katy FitzGerald's Statement of Clients' Rights, explaining my rights.

Acknowledgement of Professional Disclosure Statement & Policies: I have received and reviewed a copy of Katy FitzGerald's Professional Disclosure Statement which includes information about Katy's background, attendance and termination policies, and how to file a complaint.

Verification of Receipt of HIPAA Privacy Notice: I have received and reviewed a copy of Katy FitzGerald's Privacy Notice explaining how my Protected Health Information (PHI) will be protected and under what conditions this information will be released.

Consent to Treatment: I declare that I am legally competent and that I have the capacity to consent to my treatment and/or to the treatment of family members of whom I am the parent or guardian. I have the right to revoke my consent at any time.

Acknowledgement of Receipt of Financial and Attendance Policies: I authorize Katy FitzGerald, LCSW, PLLC to file insurance on my behalf. I will inform Katy if my insurance changes. I understand that I am responsible for my copay and any non-covered services. I understand that Katy FitzGerald, LCSW, PLLC will release necessary information to process the insurance claim. I am responsible for the copay/coinsurance/fee at the time of service or within one week of received service.

Termination of Services: I understand that after the third missed appointment I may be contacted and notified of the termination of services. Other reasons for discharge are listed under my professional disclosure statement.

Consent to use email and text for communication: Email, text messaging, and other forms of electronic communication are not secure or protected. However, I understand the social necessity for these types of communication. Please be advised that telephone calls are the most secure form of communication (outside of face-to-face), but that text messages and emails will be used with your acknowledgement by initialing here. _____

I understand that I will be charged \$50 should I miss an appointment not canceled 24 hours in advance. Insurance will not cover missed appointments. If I am more than 15min. late for an appt. it is considered a late canceled appt. If I miss more than 3 appointments, I understand that I may be discharged and referred elsewhere.

Client Name *(print)* _____ Client Signature _____

Witnessed by _____ Date _____

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