

Phillips Mental Health Counseling PC.  
Website: www.phillipsmentalhealthcounselingpc.com  
Email: Lynda@phillipscounselingpc.com

1.

**Form # 1.** Acknowledgment of Notifications: Please download and sign this form, return to Phillips Mental Health Counseling PC. Thank you.

I acknowledge the receipt of Phillips Mental Health Counseling PC, **consent to treatment and office policies and agreement for psychotherapy services and communications policy, email and texting risk questionnaire, limits to confidentiality, telepsychology consent form, and electronic payment communications documents.** I understand and agree to comply with these policies. I know that these policies will always be available to me on the website at www.PhillipsMentalHealthCounselingPC.com. Although, I may still request a paper copy if I am unable to access the copies within the website.

I further understand that Lynda Phillips is a licensed clinical mental health counselor (LCMHC) in New York State and a Nationally Certified Counselor (NCC).

I also acknowledge the receipt of the HIPPA Notice of Privacy Practices for my review. I understand that the HIPPA form will remain available within the website and in the office, although a hardcopy may be requested at any time.

Revised 08,2021

Signature, client 1: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_

Signature client 2: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_

Signature client 3: \_\_\_\_\_ Date \_\_\_\_\_