Shannon Healy M.A., LMHC

Licensed Mental Health Counselor MH 10647

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Client's Acknowledgment of Receipt of Notice of Privacy Practices and Informed Consent for Counseling

I have been provided a copy of the Notice of Privacy Practices and Informed Consent for Counseling of Shannon Healy, LMHC and I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving mental health services. I understand that therapy is a joint effort between therapist and client and agree to discuss with my therapist any questions I may have about the process of therapy. I take full responsibility for my choices and behaviors during and as a result of counseling. I voluntarily agree to participate in counseling.

Please print your name, sign, and date this acknowledgment form.

Client Name: _____ Signature: _____ Date: _____

Parent Name (if under 18): _____ Signature: _____ Date:_____

I verify that I have reviewed the Informed Consent document and Notice of Privacy Practice with client.

Therapist Signature: _____ Date:_____