



# Link Relationship Counseling LLC

Gina R. Young, MA, BCPCC, LPC

## CLIENT ACKNOWLEDGEMENT

Signing this form indicates that you:

1. Have received the **Professional Disclosure and Informed Consent**
2. Agree to abide by the terms within the **Professional Disclosure and Informed Consent** regarding cost/charges, treatment services, and relationship to counselor
3. Have received the **Notice of Privacy Practices and Client Rights**
4. Consent to the use of your personal information for purposes of treatment, payment, and healthcare options
5. Have had the opportunity to ask questions and clarify any questions pertaining to the documents stated above
6. Understand the risks and benefits associated with seeking counseling with this provider
7. Consent to this provider using technology such as Simple Practice services, computer, and cell phone for managing electronic health records, client portal, scheduling, website, and billing
8. Understand 24-hour notice is requested for cancellations of appointment to avoid penalty
9. Acknowledge the limits to confidentiality
10. Agree to directly pay Link Relationship Counseling LLC for mental health counseling, relationship counseling, or other wellness services as outlined in the **Professional Disclosure and Informed Consent**.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Please initial in the box beside your preference:**

**I CONSENT**

**I DO NOT CONSENT**

to this provider using e-mail and cell phone for scheduling, reminders, and/or limited communication. I recognize these modes are not guaranteed confidential and there is potential risk to my protected health information.

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