

## Forms

Form 1 READ: (i) Client Policies and Procedures Agreement and Consent to Treatment; (ii) Telemedicine/Teletherapy Agreement and Consent to Treatment; and (iii) HIPAA Notice of Privacy Practices. If you have any questions, please call us before proceeding. We will answer your questions.

Form 2 SIGN: (i) Client Policies and Procedures Agreement and Consent to Treatment; (ii) Telemedicine/Teletherapy Agreement and Consent to Treatment; and (iii) HIPAA Notice of Privacy Practices

Form 3 COMPLETE AND SIGN: Credit Card Authorization Form

Form 4 ONLY COMPLETE FOR Family Session Worksheet

Form 5 Release of Information

Uploads/Downloads

This form was already submitted on \_\_\_\_\_

[PICTURE]

Form 2 SIGN: (i) Client Policies and Procedures Agreement and Consent to Treatment; (ii) Telemedicine/Teletherapy Agreement and Consent to Treatment; and (iii) HIPAA Notice of Privacy Practices

Client Policies and Procedures Agreement and Consent to Treatment. By signing below, I acknowledge and agree that:

1. disclosure of the information in this Client Policies and Procedures Agreement and Consent to Treatment was made to me, and I was provided ample opportunity to ask questions about this Client Policies and Procedures Agreement and Consent to Treatment, and my questions were satisfactorily answered;
2. I have read, understand, and agree to the terms and conditions of this Client Policies and Procedures Agreement and Consent to Treatment;
3. I voluntarily give to ACFP and its providers my informed consent to receive mental health services and treatment including, but not limited to, psychiatric evaluation, medication management, individual, couples, family, group, play and/or art therapy, and/or hypnosis, and I understand that I may revoke this consent at anytime; and
4. if I am signing this Client Policies and Procedures Agreement and Consent to Treatment on behalf of another person for whom I am the parent or legal representative, I have the legal authority to act on behalf of such person.

[BOX FOR SIGNATURE]

Telemedicine/Teletherapy Agreement for and Consent to Treatment: By signing below, I acknowledge and agree that:

1. disclosure of the information in this Telemedicine/Teletherapy Agreement for and Consent to Treatment was made to me, and I was provided ample opportunity to ask questions about this Telemedicine/Teletherapy Agreement and Consent to Treatment, and my questions were satisfactorily answered;
2. I have read, understand, and agree to the terms and conditions of this Telemedicine/Teletherapy Agreement for and Consent to Treatment;
3. I voluntarily give to ACFP and its providers my informed consent to receive via telemedicine and teletherapy mental health services and treatment, and I understand that I may revoke this consent at anytime; and
4. if I am signing this Telemedicine/Teletherapy Agreement for and Consent to Treatment on behalf of another person for whom I am the parent or legal representative, I have the legal authority to act on behalf of such person.

[BOX FOR SIGNATURE]

HIPAA Notice of Privacy Practices: By signing below, I acknowledge and agree that:

1. I was provided ample opportunity to ask questions about this HIPAA Notice of Privacy Practices, and that my questions were satisfactorily answered;
2. I received a copy of this HIPAA Notice of Privacy Practices; and
3. if I am acknowledging receipt of a copy of this HIPAA Notice of Privacy Practices on behalf of another person for whom I am the parent or legal representative, I have the legal authority to act on behalf of such person.

[BOX FOR SIGNATURE]