



Receipt and Acknowledgement and Permission to Contact Form

Patient/Client Name: _____

Date of Birth: _____

I hereby acknowledge that I have received and have been given the opportunity to read a copy of the following notices:

- **Lakewood Counseling Center's Notice of Privacy Practices**
- **Lakewood Counseling Center's Practice Orientation and Service Agreement**
- **Lakewood Counseling Center's Informed Consent for Online Therapy**

I understand that if I have any questions regarding the Notices and Agreements or my privacy rights, I can contact Lakewood Counseling Center, LLC at the address listed above.

Permission to Contact:

I give Paige Pradko at Lakewood Counseling Center permission to contact me and or leave a message concerning appointments, administrative items, or emergency issues via the following methods:

Please check all that you approve and provide the appropriate information in the space provided:

- Voice Mail – phone** _____
- Text Message:** _____
- Email:** _____
- Home Address:** _____

Signature Patient/Client

Signature Parent, Guardian or Legal Representative

Date