**Colleen O’Rollins, MA, LMFTA**

[**www.turningwheelcounseling.com**](http://www.turningwheelcounseling.com/)

**206-456-4583**

[**colleen@turningwheelcounseling.com**](mailto:colleen@turningwheelcounseling.com)

**Acknowledgement and Authorization**

CLIENT NAME: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TODAY’S DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disclosure Statement**:

As shown by my signature below, I have read and understand the Disclosure Statement.

This includes understanding and agreeing to the exceptions to confidentiality, the 24 hour cancellation policy, and that the current rate is $90 per 55 minute session. I acknowledge that a hardcopy has been made available to me.

Client Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Signature (*Parent*-for clients under 18 years or *Partner*-for couples):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notice of Privacy Practices:**

I hereby acknowledge receiving a hardcopy of the Notice of Privacy Practices.

Client Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last modified 1/15