

Susan M. Knell, Ph.D., LLC

Acknowledgement of Receipt of Forms

Name of Patient _____

I acknowledge that I have read and understood:

- The *Agreement for Psychological Services* form and agree to the terms.
- The *Consent to treat* form. I have had the opportunity to ask questions about the form and have had these questions answered satisfactorily.
- The *Financial Policy statement* and agree to the conditions.
- The *Notice of Privacy Practices (NOPP) for Protected Health Information (PHI)* form. I have been given a copy of this form.

Date

Signature