

**Notice of Business Practices
Receipt and Acknowledgment of Notice
& Consent for Services**

Patient/Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Betsy Giduz, LCSW's Notice of Business Practices. I understand that if I have any questions regarding the Notice or contents therein, I can contact Betsy Giduz at (919) 967-1036.

I further consent to participate in services and to be financially responsible for all services rendered in consideration of treatment. I have read and understand all the information regarding appointment policies, emergency procedures, professional fees, and confidentiality concerns and agree to abide by such.

Signature of Patient/Client

Date

Signature or Parent, Guardian or Personal Representative *

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

Signature of Staff Member

Date