

PATHWAYS OF OHIO COUNSELING SERVICES, LLC

RECEIPT OF POLICIES AND PROCEDURES

JANUARY 2019

| Client Name | Client DOB | Date of Acknowledgement |
|-------------|------------|-------------------------|
| | | |

I hereby acknowledge by my initials and signature that I have reviewed, understand to the best of my ability and had an opportunity to ask and have my questions answered regarding the following Pathways of Ohio Counseling Services, LLC Policies and Procedures.

_____ ***The “Welcome” Statement;*** describes on a high-level basic information about the operations of Pathways of Ohio Counseling Services, LLC, Pathways’ professional and administrative staff.

_____ ***Adult Services Contract;*** gives my consent to be treated by the professional staff of Pathways of Ohio Counseling Services; gives my agreement to Pathways’ financial policies and gives specific information regarding Pathways’ operations.

_____ ***Client Rights and Responsibilities for Psychotherapy;*** describes and defines the relationship between the client or parent or guardian of a client who is a minor child and Pathways of Ohio Counseling Services, LLC’s professional and administrative staff.

_____ ***Privacy Statement;*** per the regulations of the Health Insurance Portability and Accountability Act (HIPAA) this document describes and defines the boundaries of how and why a client or parent or guardian of a client who is a minor child’s private health information can and cannot be disclosed by Pathways of Ohio Counseling Services, LLC.

_____ **I have received a paper copy of Pathways of Ohio Counseling Services Privacy statement on this date.**

_____ **A paper copy of Pathways of Ohio Counseling Services Privacy statement was offered to me on this date and I have chosen not to accept a paper copy of the statement at this time.**

_____ ***Communications Guidelines;*** describes and defines the constraints and limitations of the relationship between client or parent of guardian of a client who is minor child and Pathways of Ohio Counseling Services, LLC in the use of social media.

_____ **I understand I can ask for and receive a paper copy of any of these policies and procedures at any time. These policies and procedures can also be found on the Pathways’ web site: www.pathwaysofohiocounselingservices.com.**

Client or Guardian Signature/Date

Staff Witness/Date