



1035 Main Street
Forest Park, GA 30297

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**ACKNOWLEDGEMENT OF (1) RECEIPT OF PRIVACY PRACTICES, (2)
RECEIPT OF CONSENT TO TREATMENT AND
(3) MY CONSENT FOR ELECTRONIC COMMUNICATION**

(1) I hereby acknowledge receipt of a copy of Cross Keys Counseling Center's "NOTICE OF PRIVACY PRACTICES" and know that I am to ask questions about it if I do not understand it.

_____	_____	_____
Client's Printed Name	Date	Client's/Parent's Signature
_____	_____	_____
Client's Printed Name	Date	Client's /Parent's Signature

(2) I hereby acknowledge receipt of a copy of Cross Keys Counseling Center's "GENERAL INFORMATION, CONSENT TO TREATMENT, AND ACCEPTANCE OF CENTER'S POLICIES" and accept the terms of treatment discussed in it. I understand that I am to ask my therapist if I have any questions about it.

_____	_____	_____
Client's Printed Name	Date	Client's/Parent's Signature
_____	_____	_____
Client's Printed Name	Date	Client's/Parent's Signature

(3) In case we need to contact you for any reason, please indicate your preferences and give the appropriate information below:

(Do / do not) contact me by phone _____
Preferred No. _____ Secondary No. _____
(Do/do not) leave a voice message if you miss me _____
At which number?
(Do / do not) contact me by fax _____
Fax number _____
(Do / do not) contact me by e-mail _____
Email address _____

_____	_____	_____
Client's Printed Name	Date	Client's/Parent's Signature
_____	_____	_____
Client's Printed Name	Date	Client's/Parent's Signature