



3010 Bordentown Ave, STE B2 • Parlin, NJ 08859
(732) 365-3933 • info@TAKE2counselingnj.com
www.TAKE2CounselingNJ.com

Notice of Privacy Practices Receipt and Acknowledgement

Client Name: _____

DOB: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of the TAKE 2 Counseling & Coaching, LLC.'s Notice of Privacy and Social Media Practices.

Initial_____

I understand that if I have any questions regarding the Notices or my privacy rights, I can contact my clinician or coach at TAKE 2 Counseling & Coaching, LLC.

Initial_____

I hereby consent and state my preference to have my clinician or coach at TAKE 2 Counseling & Coaching, LLC. to communicate with me by email or standard SMS messaging regarding various aspects of my mental healthcare, which may include, but shall not be limited to, treatment, appointments, and billing.

Initial_____

I understand that email and standard SMS messaging are not confidential methods of communication and may not be secure. I further understand that, because of this, there is a risk that email and standard SMS messaging regarding my mental healthcare might be intercepted and read by a third party.

Initial_____

Signature of 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.).

Signature of Client

Date

Signature of TAKE 2 Staff Member

Date

Please note: services will not be provided for clients who refuse to sign this acknowledgment.