

Consent to Treatment

I acknowledge that I have read and understood the document “Information for Counseling Clients,” and have had any questions fully answered. I agree to undertake therapy with Eric Albert, MA, LMHC, and to meet my obligations described in that document.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Consent to Privacy Practices

When Eric Albert, MA, LMHC examines, tests, diagnoses, treats, or refers me, he will be collecting what the law calls “protected health information” (PHI) about me. This information is needed to decide on what treatment is best for me and to provide treatment to me. He may share this information with others to arrange payment for my treatment, to help carry out certain business or government functions, or to help provide other treatment to me.

I agree to let Mr. Albert use my PHI and share it with others for the purposes described above. I also acknowledge that I have read and understood the document “Notice of Privacy Practices,” which explains in more detail what my rights are and how my information can be used and shared, and I have had any questions fully answered.

Mr. Albert may change how he uses and shares my information, in which case he will update his Notice of Privacy Practices. I can get the current version from his web site.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Authorization for E-mail Communication

I authorize Eric Albert, MA, LMHC to communicate with me by e-mail at the address above my signature.

I understand that e-mail is not a secure method of communication, and that confidentiality cannot be ensured.

E-mail address: _____

Signature: _____ Date: _____

E-mail address: _____

Signature: _____ Date: _____

E-mail address: _____

Signature: _____ Date: _____

E-mail address: _____

Signature: _____ Date: _____

E-mail address: _____

Signature: _____ Date: _____