

Sanctuary Christian Counseling: Overview of Paperwork and Signature Page

*Instructions: The signatures on the pages which require them will be consolidated on this form, which can be written and typed on by you, our valued client. Pages which do not contain signatures are for your information only and do not need to be returned, although, as with all the pages, we will be glad to discuss them with you. **You must complete, sign and return pages 1 & 2 before your first session.***

Included in this paperwork packet are the following forms, which have signature pages, unless otherwise noted:

1. This page, the **Overview and Signature Page** - this page **must** be written/typed on and returned.
2. **Client Information Page** - this page **must** be written or typed on and returned.
3. **HIPAA Privacy Notice** - this page *may not be altered* but has a signature attached.
4. **Informed Consent (General)** - this page *may not be altered* but has a signature attached.
5. **Informed Consent (Teletherapy)** - this page *may not be altered* but has a signature attached.

Opt out of signing this form: _____

(Note: if you opt out of this form, we cannot do online therapy with you).

6. **Office Policies** - this page *may not be altered* and has a signature attached.
7. **Electronic Communication Policy** - this page *may not be altered* and has a signature attached.
8. **Policy for Treating a Child of Divorced, Separated or Unmarried Parents** - this *page may not be altered* and has a signature attached but is only necessary in the treatment of children.

Your signature below signifies agreement with all the policies, procedures and rules enclosed in these documents from Sanctuary Christian Counseling as well as the receipt of information in these six forms, and will be considered to be your legal signature even if typed and not hand-written. Any places you have opted out with initials, they are also considered to be your legal writing. By signing below you attest that you have read and understood all the information we have provided to you in these forms, agree to all of it, and are entering into a therapeutic relationship with us.

Name:

Signature: _____

This is considered to be my legal signature, even if typed _____ (please check)

Date: _____

Parental signatures for client under 14:

Someone we can contact about you if we are concerned (close proximity required)

Name: _____

Phone: _____ Email: _____

Relationship to you: _____

Additional names, if desired: _____
