Kelly M. Chadwick, LCSW, LLC
9157 Atlee Road, Suite A Mechanicsville, VA 23116
(804) 937-5344 | kelly@kellymchadwick.com

Acknowledgement of Notification

Please sign, print your name, and date this acknowledgement form.

I acknowledge the receipt of both Kelly M. Chadwick, LCSW, LLC's Client Service Agreement for Psychotherapy Services and Kelly M. Chadwick, LCSW, LLC's Financial Agreement. I have read these policies and considered them carefully, asked any questions that I needed to, and understand and agree to comply with these policies. I understand that these policies will always be available to me upon request.

I also acknowledge the receipt of the HIPAA Notice of Privacy Practices for my review. I understand that the HIPAA form will remain available to me upon request.

I understand the limits to confidentiality required by law. I consent to the use of a diagnosis in billing, and the release of that information and other information necessary to complete the billing process. I agree to pay the fee of $95.00 per individual sessions or $125.00 for marital sessions and any other fees that I accumulate as outlined in this document. I understand my rights and responsibilities as a client, and my therapist's responsibilities to me. I agree to undertake therapy with Kelly M. Chadwick, LCSW, LLC. I know I can end therapy at any time I wish and that I can refuse any requests or suggestions made by your therapist and Kelly M. Chadwick, LCSW, LLC.

We have discussed these policies, and I understand that I may ask questions about them at any time in the future.

I consent to accept these policies as a condition of receiving mental health services.

Printed Name: _____

Signature: _____ Date: _____