

Lety Arreola-Garcia, MS, AMFT

ACKNOWLEDGEMENT FORM - INDIVIDUAL/GROUP

We acknowledge that we have read and understand the information included in Lety Arreola-Garcia's Office Policies and Informed Consent. We agree to abide by these office policies during our professional relationship. We also acknowledge that we have read and understand the information included in Lety Arreola-Garcia's Notice of Privacy Practices. We have had the opportunity to discuss any concerns with Lety Arreola-Garcia and we consent to treatment.

Name (printed): _____

Signature: _____ Date: _____

Name (printed): _____

*If Client is a minor (Parent/Guardian)

Signature: _____ Date: _____