

## JJWOLFF COUNSELING SERVICES

**Jennifer J. Wolff, LISW-CP(S) CTS Owner**  
**Crisis Response, Clinical Supervisor, Trainer, Expert Witness**  
**info@jjwolffcounselingservices.com**

*“Meeting People Where They Are”*

### ***Acknowledgement of Receipt of Privacy Practices Notice and Consent to Treatment***

I hereby voluntarily enter into treatment or give my consent for myself, minor or person under legal guardianship to have treatment including traditional or Telemental Health services. I understand that I will abide by HIPAA compliant services using telemental health services and understand the limitations that may present themselves using this service such as disruption due to technology, possible intervention by third parties. I will agree to show my drivers license, verify my location and contract for safety in the event of an crisis using telemental health services.

. I agree to play an active role in all parts of the treatment process. I

understand that no promises have been made to me as to the results of treatment or any procedures provided by the clinician.

I understand that the therapy may be discontinued at any time by either party. If treatment is discontinued, I will be responsible for

payment for services already received. I understand that I may lose other services or may have to deal with other consequences if I stop treatment

(For example, if my treatment has been court ordered or is required by my employer, there may be consequences with regard to the court order or my employment. I also understand that my symptoms may worsen if I stop treatment prematurely and do

not pursue other treatment.

The confidentiality of patient records maintained by JJWOLFF COUNSELING SERVICES is protected by Federal and/or State law and

regulations. Generally, the therapist may **not** acknowledge to a person other than those identified by written consent that the client

is in treatment unless: 1) the client consents in writing, 2) the disclosure is allowed by a court order, or 3) the disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation.

Clinicians are

required by state law and professional obligations to report allegations of abuse or neglect of children or vulnerable adults to the

appropriate authorities.

. I hereby consent to

treatment and agree to abide by the above stated policies and agreements. I understand that JJWOLFF COUNSELING SERVICES has a right

to amend these practices at any time. I may obtain a current copy by contacting JJWOLFF COUNSELING owner, Jennifer Wolff LISW-CP(S) CTS

Client's Printed Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Signature of Client

or Legal Representative: \_\_\_\_\_

Today's date: \_\_\_\_\_

If signed by Legal Representative, relative