

Acknowledgment Form

1. Psychotherapy Goals, Benefits and Risks Acknowledgment

Your signature and date below signifies that you have read and understand “The Goals, Benefits and Risks of Psychotherapy” and that you give your consent to enter psychotherapeutic treatment with Dr. Matoff.

Client name (Printed) _____

Signature: _____ Date _____

Name and Signature of parent or Guardian if client is a minor

_____ Date _____

2. Payment, Cancellation and No-Show Acknowledgment

I have read, understand and agree to the payment, cancellation, and “no show” policy of Dr. Matoff.

Client name (Printed) _____

Signature: _____ Date _____

Name and Signature of parent or Guardian if client is a minor

_____ Date _____

3. Emails, Phone calls and Emergencies Acknowledgement

Your signature and date below indicate’s that you understand and agree to Dr. Matoff’s Emails, phone calls and emergency policies and that you agree to receiving text and email reminders for appointments.

Client name (Printed) _____

Signature: _____ Date _____

Name and Signature of parent or Guardian if client is a minor

_____ Date _____