



Acknowledgment Waiver, Consent to Treat and Emergency Contact Information

I have reviewed the following information provided to me in person or from the website, absoluteserenityllc.com and understand and agree to what I have read.

Please Initial and Sign on the lines below.

_____ Absolute Serenity Practices, Policies and Expectations

_____ Notice of Privacy Practices (HIPPA)

_____ Fees and Client Responsibilities.

_____ My Consent to engage in Therapy

(Print Name of Client)

(Signature of Client or Gurardian)

(Date)

(Witness Signature)



Emergency Contact Information

In the rare event of an emergency, I may need to contact someone close to you -a relative, spouse, or close friend. Please indicate your chosen contact person below.

Name: _____

Address: _____

Phone: _____

Relationship to you: _____

I give my permission for Absolute Serenity LLC to contact the above in the case of an emergency and provide necessary information to keep me safe and for my overall health and well-being

(Signature)

(Date)