

**Matt Case, LPC
SIGNATURE PAGE**

Client: _____

I have received a copy of the Matt Case's Client-Therapist Contract and a copy of the HIPPA Privacy Notice.

Signature (Patient or Representative)

Date

Relationship

I have read, understand and accept all of the provisions of Matt Case's Client-Therapist Contract and give my consent for treatment under its terms.

Signature (Patient or Representative)

Date

Relationship

**I have read, understand, and accept
the following by initialing each item:**

_____ Matt Case, LPC may disclose Protected Health Information when necessary to my insurance company if I want my insurance to be billed. If this is not initialized, I understand that I must pay in full for services.

_____ Matt Case, LPC may use Protected Health Information to consult a clinical supervisor for the purpose of Treatment/Consultation.

_____ Matt Case, LPC may contact my primary physician and/or psychiatrist to coordinate treatment.

Matt Case, LPC may contact me or leave messages (initial :

_____ on my telephone

_____ by email

_____ by SMS/text messages on my phone