**General Acknowledgement of Forms**

**☐** I hereby acknowledge and agree that I had read all of the forms and documents provided to me in connection with evaluation and treatment provided by My Therapy Services LLC.

**☐** I understand the meaning and intent of the provided forms and agree to all content included.

**☐** I have been given an opportunity to ask questions about the provided forms and all questions I’ve asked have been answered to my satisfaction by My Therapy Services LLC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name of Client Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant or

 Legal Representative Relationship to Client