

Counseling Connections

Acknowledgement of Clinical Practice Information

I acknowledge the receipt of Counseling Connections Informed Consent Policy, Social Media Policy, Office Policy and Agreement for Psychotherapy Services. I agree to the terms of these policies and agree to comply with these policies. All policies will be available on the Counseling Connection website and I may request a copy at any time.

I understand the licenses held by the providers of Counseling Connections. In particular, Omega J. Galliano, M.S., is a Licensed Alcohol and Drug Counselor (619-L) and Marriage and Family Therapist (0551) in the State of Nevada and in the State of Iowa (086515) as well as a Licensed Psychologist (LP0146) in the State of Minnesota.

I attest to the receipt of the HIPAA Notice of Privacy Practices for my review. I understand that the HIPAA form will be available on the Counseling Connection website and I may request a copy at any time.

Signature (Client 1)

Date

Signature (Client 2)

Date

Signature (Client 3)

Date

Signature (Client 4)

Date