

**Linda Sadoff, LCSW
Acknowledgement Form**

Welcome to this office for our first meeting. Please sign and bring this with you to our first meeting. **Be sure to ask me any questions you may have regarding these documents.**

Name: _____

1. I have had the opportunity to review "Policies and Agreements", to make a copy for my own files, and I agree to terms.

2. I am not currently requesting Ms. Sadoff to communicate with my PCP, but will let her know at any time if I change my mind

3. I have read the HIPPA Consent to Use and Disclose Health Information, have been offered a copy, and agree to its terms.

Signature of client or personal representative

Date