

THE JOY COUNSELING CENTER - POLICY AGREEMENT

I have read the **Agreement and Office Policies and General Information** carefully.
I understand them and agree to comply with them.

Print Client Name Date Signature

Print Client Name Date Signature

Print Client Name Date Signature

Therapist Date Signature

I have read the **HIPPA Notice of Privacy Practices** carefully.
I understand I may request a copy to keep.

Print Client Name Date Signature

Print Client Name Date Signature

Print Client Name Date Signature

Therapist Date Signature