



Center for Biofeedback and Behavior Therapy

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Addison, TX 75001
(469)358-1309
www.cbbt.org

CONFIRMATION OF RECEIPT OF PRIVACY NOTICE AND INFORMED CONSENT AND PROFESSIONAL DISCLOSURE STATEMENT

By your signature below, you are indicating 1) that you have received a copy of the *Notice of Privacy and Informed Consent* and your counselor's *Professional Disclosure Statement*; 2) that you voluntarily agree to receive mental health assessment and mental health care, treatment, or services, and that you authorize the clinic to provide such services as considered necessary and advisable; 3) that you understand and agree that you will participate in the planning of your care, treatment, or services, and that you may at any time stop such services received through the clinic; 4) that you have read and understood this statement and have had ample opportunity to ask questions about, and seek clarification of, anything unclear to you.

Release for Liability and Hold Harmless Provision: By signing this document, you are releasing the clinic and holding the clinic harmless from any personal liability that arises from departure from your right of confidentiality.

By my signature, I verify the accuracy of the *Notice of Privacy and Informed Consent* and my counselor's *Professional Disclosure Statement*, and I acknowledge my commitment to conform to their specifications.

Notice of Privacy and Informed Consent: _____
Client's Signature Date

Professional Disclosure Statement: _____	Client's Signature	Date
(To be signed by client and assigned counselor at the beginning of the first session)	_____	_____
	Counselor's Signature	Date

If the client is a minor, the legal guardian (managing conservator) must sign the statement below:

The Center for Biofeedback and Behavior Therapy requires documentation of conservatorship/guardianship. If your conservatorship/guardianship is established by a divorce decree or custody document, you are required to furnish the clinic with a photocopy of the cause page (first page calling out the case), the page specifying conservator(s), and the signature page from the decree or document, before clinical services can begin.

With your signature below, you affirm that you are the legal guardian (managing conservator) of _____ (minor's name). With an understanding of the above requirements, you grant permission for your child to participate in counseling and release the counselor and the Center for Biofeedback and Behavior Therapy from liability for same, as stated in the *Release from Liability and Hold Harmless* provision above.

Managing Conservator's Signature Date