Notice of Privacy Practices Consent

This form is an agreement between Stephanie Williams Play Therapy, LLC and you. If you do not sign this form agreeing to our privacy practice, we cannot treat you.

By my signature below, I acknowledge that I have received and have been given an opportunity to read a copy of Stephanie Williams Play Therapy, LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the notice or my privacy rights, I can contact Stephanie Williams, MSW, LCSW, RPT-S.

_____

Child's Name

_____ _____

Parent/Legal Guardian Signature & Date Parent/Legal Guardian Signature & Date

I have discussed the issues above with the client's parent(s)/legal guardian(s). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____

Stephanie Williams, MSW, LCSW, RPT-S Date

Rev. 7/30/19