



Palmetto Family Works, LLC

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Upstate Address: 102 Renaissance Circle, Mauldin, SC 29662

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Acknowledgement of Informed Consent

Client Name: _____ Date: _____

Date of Birth: _____ Social Security #: _____

Address: _____

Email Address: _____ Use for reminders

Phone #: _____ Use for reminders Phone #: _____

I acknowledge that I have received and read the *Professional Disclosure Statement, Consent for Treatment & Confidentiality Policy, the HIPAA Notice, Client's Rights Information, and Consent for Telehealth (if applicable)*. I further acknowledge that I seek and consent to treatment for myself or minor child. My signature below confirms that I understand and accept all the information contained these documents.

Signature of Parent/ Guardian/Adult Date

Witness Date

.....
Other Participants in Counseling Services

_____ **Initials:** _____

Restrictions: _____ **Date:** _____

_____ **Initials:** _____

Restrictions: _____ **Date:** _____
.....

Acknowledgment of Supervision

Please initial that you are aware that your counselor is being supervised by the following supervisors:

_____ Jennifer Elkins, EdD, LPCS, RPTS _____

During the course of supervision, my counselor may be asked to videotape a session for the purpose of being evaluated by the supervisor. Signing this form will provide your consent for videotaping for the purpose of supervision only. Videos will not be release for any other purpose without separate written permission.