

**Notice of Privacy Practices and Service Agreement  
Receipt and Acknowledgment of Notice**

**Client Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN (last 4):** \_\_\_\_ \_

**Notice of Privacy Practices**

I have received and have been given an opportunity to read a copy of Guiding Change Psychotherapy LLC's Notice of Privacy Practices. I understand that if I have any questions regarding the Notice or my privacy rights, I should contact William J. Roderick.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Consent for psychotherapy and Authorization to bill for services**

I choose to receive psychotherapy services from William J. Roderick, LCSW and understand the benefits, risks, and limitations of therapy as described in Guiding Change Psychotherapy LLC's Informed Consent Statement. I have read and/or received a copy of the Informed Consent Statement.

Full payment is expected at time of service. If I use insurance, co-payment is expected at time of service. I understand that I will be charged a cancellation fee if I do not show for my appointment or if I cancel with less than a 24 hour notice. If I choose to use insurance I authorize Guiding Change Psychotherapy LLC and my therapist to release information acquired in the course of my therapy to my insurance company. I understand my insurance coverage is a relationship between me and my insurance company, and I agree to accept financial responsibility for payment of charges incurred. I understand that a re-billing fee/financial charge complying with Florida State Law will be applied to any overdue balance, and in the event of non-payment, I will bear the cost of collection and/or court costs and reasonable legal fees should this be required.

I understand that Guiding Change Psychotherapy LLC's business phone is used for routine business including scheduling appointments and that this phone is not staffed for crisis calls.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Therapist Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_