

Consent Form

I, _____, acknowledge and accept to receive psychological and counseling treatment and therapy services at NE Behavioral Health Practice.

Confidentiality and Privacy Policy Agreement

I, _____, acknowledge and agree to the privacy and confidentiality policies at NE Behavioral Health Practice.

Teletherapy

I, _____, understand that I will receive remote or telehealth/teletherapy treatment at NE Behavioral Health Practice via telehealth app and/or teletherapy via phone.

Signature _____

Date _____