

# Lupine Counseling

Mychelle Moritz, LPC, ATR-BC  
Trauma Processing, Counseling, and Art Therapy

[www.lupinecounseling.com](http://www.lupinecounseling.com)

## Acknowledgment of Informed Consent, Rights & Responsibilities, Complaints Process, and Privacy Policies

(Please Print) ClientName: \_\_\_\_\_ Client Date of Birth: \_\_\_\_\_

**Please initial each item:**

### Informed Consent

\_\_\_\_\_ I have read and understand the risks & benefits related to treatment and evaluation at Lupine Counseling. I consent to receive mental health services by Mychelle Moritz, LPC, ATR-BC. Any questions I have regarding these have been answered.

### Rights & Responsibilities and Complaints/Grievances

\_\_\_\_\_ I have reviewed and understand my rights and responsibilities and the Complaint/Grievance process for services at Lupine Counseling. This includes complaints, fees, no-show/cancellation policies, and my rights. I have a copy of these rights and responsibilities. Any questions on these have been answered.

### Notice of Privacy Practices

\_\_\_\_\_ I have reviewed and understand Lupine Counseling and Mychelle Moritz, LPC, ATR-BC's Privacy Practices. This includes privacy and exceptions to confidentiality. Any questions I have regarding these practices have been answered. I have a copy of these policies. I understand that Lupine Counseling/Mychelle Moritz, LPC, ATR-BC will share basic information with my primary care provider if I agree.

### Financial

\_\_\_\_\_ I have and understand the fee policies and agree to the fee agreement as signed. If I cancel within 24 hours or do not show for an appointment, I will pay full price. I am the "financial guarantor", meaning I will be responsible for payment of fees for services.

Signature of Client or Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_