

Mindful Counseling and Wellness
Rebecka Van Heden, LCSW

This confirms that I have received a copy of the Federally Mandated Privacy Policy from Rebecka Van Heden, LCSW whom I am seeing for psychotherapy.

Occasionally, Rebecka Van Heden, LCSW may need to confirm or reschedule your appointment due to an emergency. It is important to have the following information in your record:

The therapist may leave a voicemail on my cell phone Yes No

Phone Number: _____

The therapist may leave a message with my spouse / roommate / parent
older child Yes No

The therapist may text a message/reminder. This will be used for
appointment reminders only. Yes No

If none of the above apply, how may Rebecka Van Heden get in touch with you? _____

Client Signature _____ Date _____

Staff Signature _____ Date _____