**CLIENT INFORMATION AND CONSENT FORM**

 Martha E Reynolds-Adkins Ph.D

 3 W. Stimson Avenue /Suite 2

 Athens, Ohio 45701

 Office: 740-508-2202

 Fax: 833-589-1711

By your signature below you are indicating that you have read and understand Dr. Reynolds-Adkins ’Office policies and procedures, confidentiality and exceptions to confidentiality, consent to treatment, and have received a copy of her Notice of Privacy Practices, as well as billing information intake and that any questions you have had about these statements have been answered to your satisfaction.

 Your signature also indicates that you understand Dr. Reynolds-Adkins will not be an advocate in court, provide treatment records or testify in a future divorce or custody action.

 In addition, under certain conditions where you are unable to meet face to face a session can be conducted via an electronic platform (“E Session”). Your signature indicates you understand that telebehavioral health is the delivery and receiving of behavioral health services utilizing interactive technologies (using audio, video, or other electronic communication) between the client and practitioner who are not in the same physical location. Please be aware that the best effort has been taken to provide HIPAA compliant secure platforms available based upon technology and cost. I have HIPPA compliant email that is secure as long as it is sent to and from the “dr@mreynoldsadkins.com” domain. However you must be aware that no form of electronic contact is guaranteed to be 100% secure. Texting is not typically used by this business, however, it may be used to verify appointments. Any disclosure of urgent or personal information should be done through a different platform. By initiating or responding to Martha Reynolds-Adkins Ph.D through an electronic platform is to assume the risk of your information being subject to viewing by a third party.

 Finally your signature indicates you are over 18 years of age and legally competent.

**CLIENT PRINTED NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CLIENT SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_