



SIGNATURE PAGE AND CONSENT FORM

Your signature below indicates that you have read and understand:

- 1) Notice of Privacy Form
- 2) Office Policies
- 3) Limits of Confidentiality, *and that you*
- 4) Consent to treatment with River Cove Counseling

I understand that I am entering a therapeutic relationship with Jennifer Moynihan, LADC-I, CADC; LCSW at River Cove Counseling. I know I can terminate at any time for any reason. I know I have the right to refuse any requests or suggestions made by my therapist that I deem not suitable to me. While I understand that my therapist has knowledge and experience in this field, I recognize that I am the final authority of what I want to incorporate into my life from this counseling experience. I consent to treatment with River Cove Counseling.

Signature _____ Date _____

Communication: I also agree to consent to communication with River Cove Counseling using phone, email, and texts for purpose of appointment scheduling only. (Please do not put personal information in emails or text messages).

For privacy, only your first two letters of your first name and the first two letters of your last name are stored on the business mobile number 978-529-2740. In addition, when texting from my business mobile, I do not address you by your first name.

Signature _____ Date _____

