



Marcie Edmonds, MC, LPC
Licensed Professional Counselor

ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS

I herewith acknowledge that I have received the following documents relating to my rights as a client of Marcie Edmonds, MC, LPC.

<u>Initial</u>	<u>Initial</u>	<u>Document</u>
_____	_____	Client Information
_____	_____	Informed Consent
_____	_____	Professional Fees/Financial Agreement
_____	_____	Notice of Privacy Rights and Practices

Print Your Name

Sign Your Name

Date

Print Your Name

Sign Your Name

Date