

## Acknowledgement of Receipt of Policies and Informed Consent for Treatment

I understand that Angela Romeo, Psy.D., is a licensed psychologist in the state of Texas, license #34222.

Dr. Romeo’s Office Policies and Informed Consent for Treatment describes:

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| Qualifications                    | Emails, Phone Calls, and Emergencies |
| The Process of Therapy/Evaluation | Cancelation and Lateness             |
| Termination                       | Payment and Financial Arrangements   |
| Dual Relationships                | Confidentiality                      |
| Benefits & Risks of Psychotherapy | Complaints                           |

Dr. Romeo’s Social Media Policy covers:

- |                       |                         |
|-----------------------|-------------------------|
| Friending             | Business Review Sites   |
| Interacting           | Location-Based Services |
| Use of Search Engines | Email                   |
| Google Reader         |                         |

I acknowledge the receipt of both Dr. Romeo’s Office Policies and Informed Consent for Treatment and Social Media Policy. My signature below indicates I have read, discussed, and understand these policies, and I agree to comply with the content therein. I understand that these policies are available to me on Dr. Romeo’s website but that I may always request a hard copy if I am unable to access them. I am aware that I am encouraged to ask further questions as needed.

\_\_\_\_\_  
Client’s Printed Name

\_\_\_\_\_  
Client’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Angela Romeo, Psy.D., TX Licensed Psychologist #34222

\_\_\_\_\_  
Date