

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:

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|-----------------------------------|--------------------------------------|
| 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:

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|-----------------------|-------------------------|
| 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