Lewis J. Moskowitz, Ph.D., LMHC, PA
6000-A Sawgrass Village Circle, Suite 6
Ponte Vedra Beach, FL 32082

Phone: (904) 770-9717 / Website: www.lewismcounseling.com

Notice of Privacy Practices
Receipt and Acknowledgement of Notice

Patient / Client Name: _____

DOB: _____SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of this office's Privacy Practices.

_____ _____
Signature of Client/Parent/Guardian Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

_____ _____
Signature of Staff Member Date

**********CANCELLATION POLICY**********

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed for the entire cost of your missed appointment.

A full session fee is charged for missed appointments or cancellations with less than a 24-hour notice. In the case of an illness or an emergency you must reschedule your appointment within 5 business days to not be charged this fee. A bill will be mailed directly to all clients who do not show up for or cancel an appointment, which may be paid over the phone via Credit/Debit card prior to your next appointment.

Thank you for your consideration regarding this important matter.

_____
Client Signature (Client's Parent/Guardian if under 18)

_____
Today's Date

_____ _____
Signature of Client/Parent/Guardian Date