



Coral Gables, FL 33146 • Tel: 786-531-8841 • Email: selfexpressionstx@gmail.com

General Acknowledgement of Forms

☐ I hereby acknowledge and agree that I had read all the forms and documents provided to me in connection with evaluation and treatment provided by Self-Expressions Therapy and/or their employees.

☐ I understand the meaning and intent of the provided forms and agree to all content included.

☐ I have been given an opportunity to ask questions about the provided forms and all questions I've asked have been answered to my satisfaction by Self-Expressions Therapy.

Print Name of Client

Date

Signature of Participant or Legal Representative

Relationship to Client

General Acknowledgement of Forms