



***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