



Acknowledgement of Receipt of Collaborative Counseling Center COVID Related Office Policies and Procedures

I have received a copy of Collaborative Counseling Center’s COVID Related Office Policies and Procedures from either digitally or in hard copy:

Collaborative Counseling Center
5560 Sterrett Place, Suite 201
Columbia, Maryland 21044

I understand and agree to abide by them and consent to receive treatment in accordance with the guidelines of the practice.

Patient Signature: _____ Date: _____

The authorization below is given on the patient's behalf because the patient is either a minor or unable to sign.

Name: _____ Relationship to Patient: _____
Signature: _____ Date: _____

Please return this signed *Acknowledgement of Receipt of Collaborative Counseling Center COVID Related Office Policies and Procedures* with a copy of your vaccine card (and parent/caregiver if applicable) to marlee@collaborativecounselingcenter.com