



COLLABORATIVE COUNSELING CENTER

Working together to inspire change and promote growth

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: _____