



**Trilogy  
Integrated  
Psychological  
Services L.L.C.**

**ACKNOWLEDGEMENT OF RECEIPT OF DOCUMENTS**

I, \_\_\_\_\_ herewith acknowledge that I have received the following documents relating to my rights as a client of Trilogy Psychological Services.

<u>Document Received/Reviewed</u>	<u>Parent/Guardian Initials</u>	<u>Parent/Guardian Initials</u>
<b>Policies and Statements of Informed Consent (PSIC)</b>	_____	_____
<b>HIPAA Notification (included within the PSIC)</b>	_____	_____
<b>Informed E-mail Consent</b>	_____	_____
<b>Limits Of Confidentiality</b>	_____	_____

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Print Your Name \_\_\_\_\_ Sign Your Name \_\_\_\_\_ Date \_\_\_\_\_

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Print Your Name \_\_\_\_\_ Sign Your Name \_\_\_\_\_ Date \_\_\_\_\_