



**Andrea Morganstein, LPC LLC**

203 W Chestnut Street, Ste 202  
West Chester, PA 19380-2517

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Fax: 610-601-5999  
www.amcounseling.net

## Master Signature Page

### Consent to Treatment (revision November 12, 2019)

Your signature below indicates that you have been provided with a copy of the Consent to Treatment document (Rev. 11/12/19) and agree to abide by its terms during our professional relationship.

*If you wish to revoke this signature at any time, you are welcome to do so.*

\_\_\_\_\_  
**CLIENT** (if client is 14 or older) Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PARENT/GUARDIAN** (if client is a minor)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
**Date**

### Financial Policy (revision November 12, 2019)

Your signature below indicates that you have been provided with a copy of the Financial Policy (Rev. 11/12/19), which includes the late cancellation policy, and agree to abide by its guidelines. I understand that Andrea Morganstein, LPC, LLC does NOT have a relationship with my insurance provider and is considered "out of network." Further, I understand that I am financially responsible for all balances and fees and will pay them directly to Andrea Morganstein, LPC, LLC at time of service.

*If you wish to revoke this signature at any time, you are welcome to do so.*

\_\_\_\_\_  
**RESPONSIBLE PARTY** Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
**Date**

## Communication Policy (Revision 11/12/19)

Initial Your Preferences and then Sign Below

	Texts	Initial Your Preference	Emails	Initial Your Preference	
Secure	via Spruce App		via Hushmail		Secure
Insecure	"normal" texting		"normal" email		Insecure
Not at All	no texts		no email		Not at All

This consent will terminate at the end of treatment, unless you otherwise indicate on the line below:

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I (we) understand that my consent to participating in email or texting exchanges can be terminated either by Andrea Morganstein or by me (us) at any time.

I (we) have been provided with the Communications Policy (Rev. 11/12/10), feel that that Andrea Morganstein has informed me (us) to the best of her abilities, and I (we) consent to the above indicated forms of communication.

I (we) further understand that if we choose to text or email Andrea directly, that the confidentiality of the information that we send can't be guaranteed and we are waiving our right to exclusively using confidential means of communication about our private health information.

\_\_\_\_\_  
**CLIENT** (if client is 14 or older) Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PARENT/GUARDIAN** (if client is a minor)

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
**Date**

## HIPAA Privacy Notice (Revision 6/8/2017)

As required by the federal Health Insurance Portability & Accountability Act, I have received a copy of the Andrea Morganstein, LPC, LLC's HIPAA Privacy Notice Form (Rev. 6/8/2017).

\_\_\_\_\_  
**CLIENT** (if client is 14 or older) Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PARENT/GUARDIAN** (if client is a minor)

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
**Date**