

Leslie C. Simmons, LCSW
Professional Counseling & Psychotherapy

I have received the Client Services Agreement and HIPPA Privacy Notification and agree to the policies as stated.

Client signature

Printed Name

Date

Parent/Guardian, if minor child

Printed Name

Date

*****Please note there will be a session fee charged for any cancellations made with less than 24 hour notice. If it is necessary to cancel your appointment, please text to let me know as soon as possible. Your consideration is appreciated.*****

Client initials