

## General Acknowledgement of Forms

I hereby acknowledge and agree that I had read all of the forms and documents provided to me in connection with evaluation and treatment provided by Branched Out Therapy, Inc. and/or their employees.

I understand the meaning and intent of the provided forms and agree to all content included.

I have been given an opportunity to ask questions about the provided forms and Branched Out Therapy, Inc. has answered all questions I've asked to my satisfaction.

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant or Legal Representative

\_\_\_\_\_  
Relationship to Client

