

Lewis J. Moskowitz, Ph.D., LMHC, PA
6000-A Sawgrass Village Circle, Suite 6
Ponte Vedra Beach, FL 32082

Phone: (904) 770-9717 / Website: www.lewisincounseling.com

**Notice of Privacy Practices
Receipt and Acknowledgement of Notice**

Patient / Client Name: _____

DOB: _____ SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of this office's Privacy Practices.

Signature of Client/Parent/Guardian

Date

*If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.)

Signature of Staff Member

Date

*****Cancellation Policy*****

I understand there is a \$75.00 Fee for a Late Cancellation (appointments not canceled at least 24 business hours prior to appointment time.) "No Shows" will be charged to full cost of their session, which may be paid over the phone via Credit/Debit card before or when your next appointment is scheduled.

Signature of Client/Parent/Guardian

Date