



***Amy Rostand Morris, LCSW, LLC***

41 – A Lenox Pointe, NE  
Atlanta, Georgia 30324  
404 – 654 – 0313

---

***Signatures***

Please note that there are several places below for you to sign. The first details your financial responsibilities. The second indicates that you were given or shown a copy of the Georgia Notice Form (HIPAA privacy policy). The third indicates that you have read the “Client Services Agreement” and agree to its terms. And the fourth gives parental consent for treatment of a minor.

---

The client information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to Amy Rostand Morris, LCSW, LLC. I understand that I am financially responsible for any balance. I also authorize Amy Rostand Morris, LCSW, or my insurance company to release any information required to process my claims.

Client/guardian signature: \_\_\_\_\_

---

I was given or shown a copy of the Georgia Notice Form.

Client/guardian signature: \_\_\_\_\_

---

I have read the Client Services Agreement and agree to its terms.

Client/guardian signature: \_\_\_\_\_

---

Parental consent for treatment of a minor.

I give my consent for my child, \_\_\_\_\_, to receive assessment, counseling, and other services as needed by Amy Rostand Morris, LCSW, LLC.

Client/guardian signature: \_\_\_\_\_

---

Printed name of client/guardian: \_\_\_\_\_