Palmetto Mental Health
Counseling

Kelly Benjamin, MA, LPC, NCC, CCMHC, CCTP
1821 Pickens St
Columbia, SC 29201

AKNOWLEDGMENT OF RECEIPT

This is the acknowledgement that I have received, understand, and agree to the terms indicated in the following forms:

- Confidentiality In Psychotherapy
- HIPAA Notice of Privacy Practices
- Information For My Clients About My Practice

I, the undersigned, request that KELLY BENJAMIN, MA, LPC, NCC, CCMHC, CCTP provide professional services to me as a client and agree to pay this therapist's fee for these services.

I understand that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel or do not show up, I will be charged for that appointment in its entirety. I understand that payment is due at the time of service.

_____ _____
Signature of client (or person acting for client) Date

_____
Printed name