



Acknowledgement of Notifications and Service Agreement

I acknowledge the receipt of both Aline Bethea’s **Practice Policies and Agreement for Services and Social Media Policy** and I understand and agree to comply with these policies.

I understand that Aline Bethea Defiglia LCSW, MPH, CADC is a licensed clinical social worker (NPI#1477998334) in the state of Illinois. I also acknowledge the receipt of the **HIPAA Notice of Privacy Practices** for my review. I understand that the HIPAA form and practice and social media policies will remain available on Aline’s website but that I may always request a hard copy if I am unable to access it.

Client Signature _____ Name _____ Date _____

When services end, I consent to being contacted within approximately 3-6 months for an assessment of satisfaction with Aline’s services _____ and review of progress on my goals. _____.

CONSENT FOR TRANSMISSION OF PROTECTED HEALTH INFORMATION BY NON-SECURE MEANS

I consent to allow Aline Bethea to use unsecured email and mobile phone text messaging to transmit to me the following protected health information:

- Information related to the scheduling of meetings or other appointments
- Information related to billing and payment
- Additional: _____

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Client Signature _____ Name _____ Date _____