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I acknowledge that I have received a copy of Trinity Counseling Service's *Client Information Brochure* so that I may read it and be fully informed about therapy at Trinity Counseling Service, as well as my rights as a client, the *Grievance Policy*, and legal exceptions to my confidentiality. As well, I acknowledge that I have received a copy of Trinity Counseling Service's *Notice of Privacy Practices*.

If I do not understand my rights, or the *Grievance Policy*, or if I have any questions, I understand that I may discuss my concerns with my therapist, the Associate Executive Director, or any member of the TCS staff. If I have any questions about Trinity Counseling Service's *Notice of Privacy Practices*, I may contact TCS's Privacy Officer, Dr. Whitney Ross, as directed in the *Notice of Privacy Practices*.

Signed: _____ Date: _____

Print Name: _____