



**Beyond Counseling, Inc.**  
11250 Roger Bacon Dr. Atrium #5  
Reston, VA 20190  
703-261-9201 (phone)  
703-995-4642 (fax)

### **Patient Acknowledgement of Receipt of Patient Agreement**

I hereby acknowledge that I have been provided with Beyond Counseling, Inc.'s (BCI) **Patient Agreement**. The patient agreement is available anytime on my TherapyNotes Patient Portal. I may also obtain a copy from my BCI therapist upon request.

The Patient Agreement includes explanations of the following:

- Consent for Treatment**
- Notice of Privacy Practices**
- Financial Policy**
- General Office Policies**

"I (Client/ Guardian if client is a minor) have read in full, have been provided adequate opportunity to clarify any questions, understand, and agree to Beyond Counseling, Inc.'s **Patient Agreement**. I also understand that the Patient Agreement may be modified without notice. I will discuss these policies with my (or the child's) therapist, and I understand that I may ask questions about them at any time in the future. I consent to accept these policies as a condition of receiving mental health services."

<b>Client Name</b>	
<b>Guardian Name (if client is under 18 years old)</b>	
<b>Client Date of Birth</b>	
<b>Therapist client will be seeing</b>	<i>Candice McKinney, LPC</i>
<b>Date</b>	

I understand that this authorization will remain in effect for one year to the date of this agreement unless I cancel it in writing. I agree to notify this practice in writing of any changes in my account information or termination of this authorization prior to the one year date.

Client/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Client/Guardian Name \_\_\_\_\_