



LYNN GUTKNECHT  
COUNSELING

### **ACKNOWLEDGEMENT OF POLICY INFORMATION**

I acknowledge the receipt of *Office Policies & Agreement for Counseling Services*. I understand and agree to comply with these policies. I understand that these policies are available to me on the website for Lynn Gutknecht Counseling but that I may request a hard copy if I am unable to access them.

I also acknowledge the receipt of *Notice of Privacy Practices* for my review. I understand that the document is available on the website for Lynn Gutknecht Counseling but that I may request a hard copy if I am unable to access it.

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Signature of Client Date

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Lynn Gutknecht Date