



*Integrative Counseling &
Trauma Recovery Center*

**Social Media Policy
Receipt and Acknowledgment of Notice**

Client Name: _____

DOB: _____

SSN: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Integrative Counseling and Trauma Recovery Center's Social Media Policy. I understand that if I have any questions regarding the notice, I can contact Kristin Free to discuss my questions and concerns.

Signature of Client **Date**

Signature or Parent, Guardian or Personal Representative * **Date**

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Client Refuses to Acknowledge Receipt:

Signature of Staff Member **Date**