

**JOY SHIVAS MSW LCSW BCD**  
**ACKNOWLEDGEMENT OF CLIENT INFORMATION**

I have read Joy Shivas MSW "Financial Policy" and have been informed of the Notice of Privacy Practice. I fully understand my responsibilities and conditions as a client or as a parent/guardian of a client.

I authorize Joy Shivas MSW to send appointment reminder cards and/or letters to my home. YES \_\_\_\_\_ NO \_\_\_\_\_

If no, what address should I use? \_\_\_\_\_

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I authorize Joy Shivas MSW to call me at home and work as necessary to modify or confirm appointments. YES \_\_\_\_\_ NO \_\_\_\_\_

If no, how would you like to be contacted? \_\_\_\_\_

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I authorize Joy Shivas MSW to leave a message on my home answering machine or with a family member if I am not available to take the call.

YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any other instructions that I should be made aware of? If so, please explain these to me. \_\_\_\_\_

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\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date