

# Jack Hannibal, MA, LMFT

## Telehealth and Electronic Media Policy

I have read, fully understand, and agree to abide by the policy outlined above. I have received clarification from Jack Hannibal where necessary.

Client Name (please print): \_\_\_\_\_

Client Name (please print): \_\_\_\_\_

I acknowledge that I have received a copy of the Notice of Privacy Practices of:

\_\_\_\_\_ effective Sept 1, 2008  
(Therapist's name)

Signature (client or authorized representative): \_\_\_\_\_

Signature (client or authorized representative): \_\_\_\_\_

Date: \_\_\_\_\_

Relationship/authority (if signed by authorized representative): \_\_\_\_\_

