



Lenny Gallo, LCSW, LCADC, ACT, CBIT  
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### **Acknowledgment of Intake Forms**

I hereby acknowledge that I have received and have been given an opportunity to read and review a copy of the following forms via the patient portal, email, or in person:

- Notice of Privacy Practices
- Client intake questioner (If new patient)
- Consent for Treatment, Client Services Agreement, & Practice Policies
- Emergency Contact Information -Office
- Emergency Contact Person -Telehealth
- Patient Information
- Credit Card on File Agreement/Cancellation Policy
- Telehealth Consent Form
- Release of Information (If applicable)

I understand that if I have any questions regarding any of the following documents, I can contact Lenny Gallo, LCSW, LCADC, ACT, CBIT. I also understand that I may request a copy of these form templates at any time and may view these documents by visiting <http://www.LennyGalloLCSW.com/ClientForms>.

Printed Name: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

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

Witness: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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