

Core Discovery Counseling, Inc.

Kim Morrow Taff, EdS, LPC
2964 Peachtree Road NW, Suite 620
Atlanta, GA 30305
404.419.6082

Signature Form

1. Your signature below indicates that you have read the information provided in the **HIPPA Notice** that has been sent to you, and understand its terms and conditions that are effective for the duration of the professional relationship between you and your therapist.

Signature _____ Date _____

2. Your signature below indicates that you have received a written copy of the **Informed Consent for Therapy**, that you have read and understood it, and that you agree to its terms and conditions for the duration of your professional relationship with your therapist.

Signature _____ Date _____