

**Full Circle Therapy Center, PLLC  
Nicole Siegel, LCSW, LCDC**

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

By signing below I am indicating that I have read the *Social Media and Technology Policy*, and I understand my rights as a client, and accept the responsibility as stated. I have been offered a printed copy of the Social Media Policy and all questions regarding these policies have been answered to my satisfaction.

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

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

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

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

Therapist Signature: \_\_\_\_\_

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