

Patient Acknowledgement

By initialing this form, I confirm that I am not experiencing suicidal thoughts or intentions at this time.

I acknowledge that I am aware that Cornerstone Psychological and Counseling Services, LLC is not an emergency service provider. If I am at risk of hurting myself or others, I understand that it is my responsibility to promptly call 911 or go to the nearest emergency department to seek immediate and appropriate assistance.

Patient Initials: _____

Date: _____