

Notice of Privacy Practices and Agreement for Psychological Services
Agreement Receipt/Acknowledgment

Signature Page

Patient/Client Name: _____

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Ann Julia Gerut LCSW, Inc.'s Notice of Privacy Practices (Notice) and Agreement for Psychological Services (Agreement). I understand and agree with the policies and provisions of the Notice and Agreement. I also understand that if I have any questions regarding these documents, or my privacy rights, I can contact Julie Gerut at (312)925-8737.

Signature of Patient/Client

Date

Signature or Parent, Guardian or Personal Representative *

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Signature of Therapist

Date