

**Chicago Psychological**  
**605 North Michigan Avenue 4<sup>th</sup> Floor**  
**Chicago, IL 60611**  
**Phone: 312 646 5324**  
**www.chicagopsychological.com**

I have been given and read the Agreement (*Therapist – Patient Agreement with Chicago Psychological (Dated January 1, 2010)*) and I agree to it's terms.

Printed Name of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Adult if the Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor Client (if age 12-17): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Guardian for Minor Client: \_\_\_\_\_ Date \_\_\_\_\_

.....

I acknowledge that I have received the HIPAA Notice Form (*Notice of Chicago Psychological Policies and Practices to Protect the Privacy of Your Health Information*).

Printed Name of Client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Adult if the Client: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Minor Client (if age 12-17): \_\_\_\_\_ Date \_\_\_\_\_

Signature of Legal Guardian for Minor Client: \_\_\_\_\_ Date \_\_\_\_\_