



Please initial the following statements to indicate that you agree. If an item is not applicable, please write N/A.

- _____ 1) I have read a copy of the **Notice of Privacy Practices**. I am aware I can receive a copy of this document upon request.
- _____ 2) I have read a copy of the **Psychotherapist-Client Services Agreement**. I am aware I can receive a copy of this document upon request.
- _____ 3) I have declined receiving a hard copy of the **Notice of Privacy Practices** and **Psychotherapy-Client Services Agreement**.
- _____ 4) I have signed an **Authorization Form** with the name of my insurance company, name(s) and address of previous psychotherapists and/or treatment centers/hospitals, and name(s).
And address of current treatment providers.
- _____ 5) I have provided my insurance card to be photocopied.
- _____ 6) I agree to hold confidential the identities and personal information of any other clients that I may see or interact with at Modify P.C.

Your Signature below indicates that you have read the Psychotherapist-Client Services Agreement and the Notice of Privacy practices and that you agree to abide by its terms. These documents represent an agreement between you, your therapist, and Modify P.C. You may revoke this agreement in writing at any time. However, revoking either of these two agreements will result in termination of professional services provided to you by your therapist and by Modify P.C.

Your signature below also indicates that you have initialed all the above statements which were applicable.

Patient

Date

Parent/Guardian

Date

Parent/Guardian

Date

Witness

Date

*Parent Signature required for clients under age 18. Signature of both parents is usually required.

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