

SIGNATURE PAGE

Your signature b	pelow ser	rves as an	acknowle	dgeme	nt tha	t you	ı have received the I	llinois Notico	e Forn	n about priva	cy polic	cies
and practices.	It also	indicates	that you	have	read	the	Therapist-Patient	Agreement	with	information	about	my
professional serv	vices and	d business	policies,	and yo	u agr	ee to	its terms.					

Signature			
Printed Name		 	
Date		 	