

PSYCHOTHERAPIST-CLIENT SERVICES AGREEMENT

Your signature below indicates that you have fully read and understand the content of this Agreement, and agree to all of the terms, exclusions, fees, and limitations within this Agreement, and agree to abide by its terms during our professional relationship.

Signature of Client or Legally Responsible Person

Date

Relationship to client if client does not sign: _____

ACKNOWLEDGEMENT FORM

This is to acknowledge and confirm that I have received the **Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information** from Lita W. Russell, Ph.D.

Signature of Client or Legally Responsible Person

Date

Relationship to client if client does not sign: _____