

By signing below you dully acknowledge that you have received a copy of the HIPPA privacy notice, which describes how medical information about you may be used and disclosed and how you can get access to this information. Notice is updated from time to time and is available on <http://lifepsy.com/resources-forms/> and a hard copy of the notice is also available at 6D Auer Ct, East Brunswick NJ 08816.

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Client Name                      Date

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Psychotherapist                      Date

By signing below you dully acknowledge that you have received a copy of the Psychotherapy Agreement. Further, you acknowledge that you understand and agree to its terms.

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Client Name                      Date

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Psychotherapist                      Date