



155 North Michigan Ave., Suite 622
Chicago, IL 60601
www.chicagopsychservices.com
312-912-3978

HIPAA/Confidentiality Informed Consent Form

Your signature below indicates that you have read or been told about the Services Agreement and agree to its terms, and also serves as an acknowledgement that you have read/been told about the HIPAA notice form described in the agreement.

Patient's Printed Name

Patient's Signature/Date

Parent's Signature/Date, if patient is under 18 years old