**The Washington Center For Cognitive Therapy**

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 Email: vgwcct@aol.com Phone: 202-805-0629

 **SIGNATURE PAGE**

Please download, print out and affix your signature and date where requested below. Then either email\* to vgwcct@aol.com or mail to the above address.

\*Please note that you accept that email is not a totally secure form of communication and agree that the use of unencrypted email is an acceptable means of communication.

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) (Please Print)

 RECEIPT OF HIPAA NOTICE

 I have received a copy of the *Notice of Psychologist’s Policies and Practices to Protect the Privacy of Your Health Information* (version dated June 1, 2023).

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SERVICES AGREEMENT

 I have received the Services Agreement (version dated June 1,2023) and have had the opportunity to review it and ask any questions I may have. I agree to the terms of the Services Agreement.

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPSYCHOLOGY INFORMED CONSENT

I have received the Telepsychology Informed Consent form (version dated June 1, 2023) and have had the opportunity to review it and ask any questions I may have.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_