

Carolyn Nowakowski, Psy.D., P.C.
9611 W. 165th St, Suite 15
Orland Park, IL 60467

708-620-2829
www.OrlandPsychologist.com
DrNowakowski@OrlandPsychologist.com

ACKNOWLEDGEMENT OF NOTIFICATIONS

Before signing below, please let me know if you have any questions about psychotherapy or billing issues.

Your signature indicates that you have read my Outpatient Services Contract and agree to enter therapy under these conditions. Your signature below indicates that you are making an informed choice to consent to therapy and understand and accept the terms of this Outpatient Services Contract.

Client Signature

Date

Witness

Date

I also acknowledge the receipt of the HIPAA Notice of Privacy Practices for my review.

Client Signature

Date

Witness

Date