



Outpatient Services Contract

I have read and agree to the terms in the outpatient services contract.

Client Name: _____

Client Signature: _____ Date: _____

Guardian Signature (if minor): _____ Date: _____

Guardian Signature (if minor): _____ Date: _____

Notice of Privacy Practices

PLEASE SIGN BELOW TO ACKNOWLEDGE THAT YOU HAVE READ THE NOTICE OF PRIVACY SECTION.

Client Name: _____

Client Signature: _____ Date: _____

Guardian Signature (if minor): _____ Date: _____

Guardian Signature (if minor): _____ Date: _____