

Receipt of Notifications

I acknowledge that I have received and read Dr. Minden's Informed Consent and Notice of Privacy Practices documents. I understand all of the information provided, agree to the terms and conditions, and consent to proceed with treatment. I understand that these documents are available on Dr. Minden's website, www.cbtchico.com, and that I may request a hard copy if I am unable to access them.

Client or Legal Guardian's Signature Date

Client or Legal Guardian's Name (Printed) Date

Joel Minden, PhD Date

Revised 2/24/17