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**NOTICE OF PRIVACY PRACTICES and INFORMED CONSENT
RECIPT AND ACKNOWLEDGEMENT OF NOTICE**

CLIENT'S FIRST NAME _____ LAST NAME _____ MI _____

DATE OF BIRTH ___/___/___

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Elena Scher Psychotherapy, PLLC's Notice of Privacy Practices (NOPP) and Informed Consent (IC). I understand that if I have any questions regarding the Notice or my privacy rights or the IC, I can contact Elena Scher Psychotherapy, PLLC.

SIGNATURE OF CLIENT DATE

SIGNATURE OF PARENT OR GUARDIAN* DATE

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client Refuses to Acknowledge Receipt:

SIGNATURE OF STAFF MEMBER DATE