

**SIGNATURE FORMS**

**Norma Fournier, LCSW**  
201 W. Springfield Ave., Suite 510  
Champaign, IL 61820  
217.840.2508  
855.381.8546 (fax)

[norma@normafournier.com](mailto:norma@normafournier.com)   [www.normafournier.com](http://www.normafournier.com)

**ACKNOWLEDGEMENT OF RECEIPT OF  
NOTICE OF PRIVACY PRACTICES**

Your signature below indicates that you have received a copy of my *Notice of Privacy Practices*.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PSYCHOLOGICAL SERVICES  
AGREEMENT**

Your signature below indicates that you have read the *Psychological Services Agreement* and agree to its terms during our professional relationship.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

*For Office Use:*  
A copy of the Services Agreement was provided to the client, but no signature was provided because:

\_\_\_ the individual refused to sign, or

\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Date