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Privacy Policies Consent

Your signature below indicates that you have received the abridged HIPAA Notice of Privacy Practices for Elizabeth A. O'Brien, LPC, LLC, and that a copy of the unabridged notice is available to you upon request. You also authorize Elizabeth A. O'Brien, LPC, LLC to leave messages for you at:

Home: _____ Cell Phone: _____ Email: _____

(Please check all that apply)

Signature _____ Date _____

Signature _____ Date _____

Appointments/Cancellation Policy

I understand I *will be charged for sessions not cancelled at least 24 hours before my scheduled appointment* and that *cancellations are accepted by VOICEMAIL ONLY*. (No email cancellations are accepted). I also understand that payment is due at the time of service.

Signature _____ Date _____

Signature _____ Date _____