

Daniel Schwarz, Ph.D. and Associates

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Please read, review, and sign form below.

By e-signing this form below I am acknowledging of having read, understood, and received the following forms given to me.

1. Client intake Questionnaire
2. Consent for Treatment & Limits of Liability / Financial Form
3. Notice of Privacy Practices / Consent to use and disclose Health Information
4. Authorization to use and disclose protected health information.

This disclosure covers all electronic documents and communications arising out of an intake process and documents from Dr. Schwarz & Associates

Dr. Daniel Schwarz & Associates and I agree that this **agreement** may be **electronically** signed. The parties agree that the **electronic signatures** appearing on this **agreement** are the same as handwritten **signatures** for the purposes of validity, enforceability and admissibility.

ELECTRONIC SIGNATURE: _____

DATE: _____