

Megan F. Gerbracht, Psy.D., LLC
EIN: 26-3882474
Virginia License # 0810003894
1489 Chain Bridge Rd., Suite 203 McLean, Virginia 22101
(703) 627-9086

CONSENT FOR TREATMENT

Your signature below indicates that you have read the Services Agreement and agree to its terms. Your signature also serves as an acknowledgement that you have received the Virginia Notice Form regarding HIPPA policies and procedures.

I have read, understand and agree to the structure as described in the Services Agreement.

Name _____ **Date** _____

If child is in treatment:

Name of Child: _____

- Adolescents may sign below *in addition* to their parent/legal guardian's signature to signify that they have read and understand the above policies.

Signature of adolescent _____ Date _____

YOUR SIGNATURE BELOW INDICATES THAT YOU UNDERSTAND THAT CHAIN BRIDGE PSYCHOLOGICAL SERVICES, LLC AND ITS AFFILIATING CLINICIANS ARE NOT RESPONSIBLE FOR THE PRACTICE OF MEGAN F. GERBRACHT, PSY.D. LLC AND THAT EACH CLINICIAN HAS HIS/HER INDIVIDUAL PRIVATE PRACTICE THAT IS SEPARATE FROM THE GROUP NAME.

Patient Name: _____

Signature: _____ **Date:** _____