**Jennifer B. Unterberg, Ph.D.**

Your signature below acknowledges receipt of the forms entitled “Texas Notice Form” and “Psychotherapist-Patient Services Agreement” from Jennifer B. Unterberg, Ph.D. Your signature does not imply agreement with this latter form, only that you have received them both.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_