**Andy Getz, LISW-S, LLC**

**Chagrin Professional Plaza**

 **24755 Chagrin Blvd. Suite 305**

 **Beachwood, OH 44122**

 **Phone (216) 462-0204**

I have reviewed the Service Agreement and Ohio Privacy Notice Form for Andy Getz, LISW-S, LLC,

and I understand and agree to their terms.

Please check one of the following, and sign below.

\_\_\_\_\_\_I have waived the offer to receive a copy of the Service

 Agreement and Ohio Privacy Forms at this time.

\_\_\_\_\_\_I have received a copy of the Service Agreement and

 Ohio Privacy Forms as requested.

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witnessed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**