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Signature Page

Your signature below indicates that you have read and understand the following statements:

1) I have received and read a copy of the Notice of Privacy Practices. I understand and agree with the provisions to use and disclose my Protected Health Information (PHI) as described in the Policy.

2) I have received and read a copy of the Agreement for Psychological Services. I understand and agree with the policies as stated.

These documents represent an agreement between you and me. You may revoke this agreement in writing at any time, however, doing so may result in termination of professional services.

Client Name (12 years and older)

Date

Parent or Guardian (if client is under 18)

Date

Parent or Guardian (if client is under 18)

Date

Witness

Date