



Client-Therapist Service Agreement - Signature Page

I have read the Client-Therapist Service Agreement, Financial Agreement, and Notice of Privacy Practices. I understand and agree to the contents of these agreements. I have received a copy of these documents.

If a minor, the name of the minor is _____

Client Signature (Parent or Guardian for Minors)

Date

Second Parent or Guardian for Minor, if required

Date

Therapist Signature

Date