Lauren Pellizzi LLC



Licensed Professional Counselor 55 Route 35, Suite 5 Red Bank, NJ 07701 Phone: (732) 705-1882

Email: info@anxietytherapyredbank.com Website: anxietytherapyredbank.com

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 t	hese agreements. I have a 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