

**Beverly A. Januszewski, Ph.D.**  
Clinical Psychologist PSY16199  
1280 S. Victoria Avenue, Suite 230, Ventura, CA 93003  
(805) 642-3648, Fax (805) 642-0996  
www.drjanuszewski.com

## Office Policies and Consent for Psychological Services

Welcome. This document contains important information about my professional services and business practices. Please read it carefully and note any questions so we can discuss them. Once you sign this, it will constitute a binding agreement between us.

(Please note that this document also contains the Electronic Communications & Social Media Policies, the Notice of Privacy Practices (HIPPA), the Telepsychology Informed Consent policies.)

### **PSYCHOLOGICAL EVALUATION AND PSYCHOTHERAPY SERVICES**

I am a licensed psychologist, and my license is regulated by the State of California Department of Consumer Affairs, Board of Psychology. If you have any questions about the status of my license or the practice of psychology, please feel free to contact the Board of Psychology at either [www.psychboard.ca.gov](http://www.psychboard.ca.gov) or (916) 263-2699. The Board of Psychology is located at 1422 Howe Avenue, Suite 22, Sacramento, CA 95825.

As a clinical psychologist, I have many years of training and experience in psychological evaluations and psychotherapy among children, adolescents, and adults. My practice is particularly focused on psychological and psychoeducational evaluations, including the following areas: Gifted evaluations; Learning disability and other cognitive evaluations (i.e., intelligence, processing, executive functioning, and memory); Attention-Deficit/Hyperactivity Disorder (ADHD) evaluations; and Psychological and personality evaluations. I am experienced in deciphering complicated situations including the interface between cognitive, behavioral, and emotional functioning.

### **CONTACTING ME**

Please contact me at my office phone number for routine matters. If this is an urgent issue, please use my cellular phone number at (805) 216-3633. If you feel that you cannot wait for me to return your call, you should call 911 or go to the nearest emergency room. When on vacation, I will provide you with the name of a colleague whom you can contact if necessary.

### **CANCELLATIONS**

Please contact me immediately if you believe that there will be a scheduling or attendance problem. Because my time cannot be rescheduled on short notice, all notifications of ***cancellations must be made at least 24 hours before the scheduled appointment.*** All failed appointments and cancellations with less than 24 hours' notice will be charged \$100.

### **PAYMENT POLICIES**

- Psychological evaluation and psychotherapy services are charged at a rate of \$175 per hour. Court-ordered psychological services are charged at \$200 per hour. These fees include

appointments and agreed-upon services including report writing, classroom observations, meeting attendance, record review, document/record preparation, and telephone calls lasting longer than ten minutes in length. I am available to travel to a school site, with the charge of \$125 per hour for traveling.

- For psychotherapy, you are expected to pay for professional services at each appointment.
- For psychological evaluations, I request a retainer fee (1/2 of the estimated cost) prior to starting the evaluation. It is understood that the evaluation may take more or less time than estimated, and such when completed, a final statement will be provided. You will be expected to pay for any remaining balance prior to receiving the final evaluation report.
- My evaluations are self-pay. If requested, I will format a superbill for you to submit to your insurance company for possible reimbursement. It is your responsibility to check with your insurance about your plan's coverage for psychological and/or educational testing.
- If payments are not made for services rendered, a collection agency may be retained. You agree to be responsible for all collection, court, and attorney fees required to collect outstanding balances on delinquent accounts.
- Credit card processing is available at this office. For private psychotherapy and evaluations, there is a discount for cash and check payments, to be discussed at the time of service. Please note that by signing this document and using this office's credit card processing, a receipt may be emailed to you directly.

### **PROFESSIONAL CONSULTATION**

I may occasionally find it helpful to consult other professionals about a case. During a consultation, every effort is made to avoid revealing the client's identity. The consultant is legally bound to keep the information confidential. I will not reveal information from such consultations to the client(s) unless I believe it is important for treatment.

### **CONFIDENTIALITY**

Normally, all information discussed in therapy is confidential, and the only way private information can be released is if the patient gives written consent. However, there are certain legal exceptions to confidentiality that patients should understand in advance. Under California law psychologists are "mandatory reporters". Under certain conditions, Dr. Januszewski may be required to report information that would otherwise be considered confidential if the patient is believed to be:

- A danger to others (threatening to harm or kill another person).
- A danger to self (threatening to harm or kill him or herself, or gravely disabled). In these cases reporting could include warning the patient's family or friends, or warning the police or other appropriate authorities.
- Child abuse: If there is suspicion of physical or sexual abuse, or neglect, of a child, I am legally required to report this information to the authorities. Sexual abuse includes use of child pornography (including internet porn) even when there is no hands-on sexual contact with children.
- Elder and dependent adults abuse.
- Court proceedings: If the patient becomes involved in court proceedings a therapist can be compelled to testify and/or release information by court order.

Most insurance companies require that the client authorize Dr. Januszewski to provide a clinical diagnosis and, in some cases, copies of treatment records. I need your written permission to release pertinent and required information to the insurance company or designated third party to process a

claim. Please be aware that Dr. Januszewski does not have control over what happens to records after their release to other parties.

Confidentiality is not held in court-ordered evaluations, as listed in the above section. You will be asked to sign releases of information so that I can speak with collateral parties; however, the information gathered in this court-ordered evaluation will be included in the report.

### **PSYCHOLOGICAL SERVICES WITH MINORS**

To authorize psychological services for your child, you must have either sole or joint legal custody of your child. If your child is from a separated or divorced family, I require consent for psychological evaluation and treatment from both parents, regardless of the custody status. I will also request a copy of the most recent custody decree that establishes custody rights of you and the other parent. If there is no court order and you share legal custody, the other parent must provide authorization for psychological services. We will discuss this prior to my meeting with your child.

I will not make recommendations about custody or visitation arrangements. By signing this contract, you indicate your agreement that I will not be called as a witness and information from intakes and psychotherapy sessions will not be used in custody or divorce related matters.

Parents/legal guardians may have the right to examine a minor's treatment records. However, in psychotherapy and in order to establish a therapeutic relationship with the minor, it is my policy to ask parents to not access treatment records. Instead, I ask that the guardian allow me to use my discretion in providing general information (e.g., level of participation, psychiatric diagnoses, treatment goals, and referrals and recommendations) and information about behaviors that may compromise safety. Efforts will be made to discuss the matter with the minor client prior to revealing appropriate information.

### **EVALUATION PROCEDURES**

This psychological evaluation will consist of several important steps to thoroughly assess the areas of concern, provide diagnostic clarification, and offer valuable treatment recommendations. Rather than performing a broad-based evaluation, I will tailor this evaluation to your unique concerns.

During most evaluations, I perform the following steps:

- Interviews with the adult patient (and possibly their partner or parent) or the child/adolescent patient and their parent/guardian (and possibly their teacher and physician). I will clarify the referral questions and areas of concern, and will gather developmental and psycho-social history.
- Review of records, including school and medical records as deemed necessary.
- For child/adolescent patients, I request that parents/guardians and teachers complete questionnaires. I might also conduct a school observation.
- Test administration, with individually selected measures to address the referral questions.
- Scoring, interpretation, and report writing.
- Consultation and collaboration with academic, medical, and other mental health professionals involved with the patient.
- Feedback session.
- Assistance in clarifying the treatment recommendations, and referrals to appropriate resources.

Please note that I will make as many referrals as necessary for the implementation of the recommendations, but I will generally not be responsible for monitoring such implementations. Further, although I will generate a full report of this psychological evaluation, I have the ethical responsibility to determine whether the full report or an abbreviated version will be supplied to the patient or parents. To clarify, there are circumstances in which the complexity of the full psychological evaluation report is best understood only by other trained mental health providers.

## **THERAPY PROCESS**

Therapy is often helpful to people who are in distress. Benefits include helping you gain a better understanding of your personal goals and values, improving relationships, and helping solve many kinds of problems. Of course, there are no guarantees. But effort on your part, a willingness to be honest with yourself and your psychologist, and a desire to improve some part of your life will make therapy more effective.

Undergoing psychotherapy also has risks. For example, sometimes you may feel discomfort in therapy as you discuss painful issues, and sometimes trying to resolve issues between you and important people in your life may result in changes that were not originally intended (such as a divorce or remaining in a relationship you thought you would leave). And like any professional service, therapy may not work for you. Even so, many people find that therapy is worth the discomfort that may occur during the process.

In regard to your treatment, please note that therapy sessions are typically 50 minutes in length. Initially, you will meet with me for one to three sessions to complete an intake. Once the intake is completed, I will give you initial impressions and recommendations for referral and treatment. I utilize a combination of psychodynamic and cognitive-behavioral treatment models.

Because therapy may involve a substantial commitment of time, money, and energy, it is important that you feel comfortable with the psychologist you choose. If you decide that you or your child are not comfortable working with me, I strongly encourage you to discuss that with me in session. If you still feel uncomfortable, I can make recommendations for other treatment providers whom may be a better “fit.” If you do decide to work with me, we will develop goals and a treatment plan together.

## **COMPLAINTS**

You are free to discuss your concerns and complaints about me with anyone you wish. You do not have any responsibility to maintain confidentiality about what I do that you don't like since you are the person who has the right to decide what you want to be kept confidential. If you have a concern or complaint about your treatment, please talk with me about it. I will take your criticism seriously and respond with care and respect. If you believe that I've been unwilling to listen and respond, or that I have behaved unethically, you can contact the Board of Behavioral Science Examiners which oversees licensing, and they will review the services I have provided.

Board of Psychology

1625 North Market Street, Suite N-215 Sacramento, CA 95834 1-866-503-3221

bopmail@dca.ca.gov

## **RECORDS**

Your records from in-person and any electronic form (text, email, videoconferencing) may be recorded and stored in my office file or electronically as part of my medical records.

Consultations, test results, and disclosures will be held in confidence subject to state and/or federal law. Although you are ordinarily guaranteed access to your records and that copies of records of

consultation(s) are available to you upon written request, if I, in the exercise of professional judgment, conclude that providing records could threaten the safety of a human being, myself, or another person, I may rightfully decline to provide them. If such a request is made and honored, please understand that you retain sole responsibility for the confidentiality of the records released to you and that you may have to pay a reasonable fee to get a copy.

## **ELECTRONIC COMMUNICATIONS & SOCIAL MEDIA POLICIES**

Many of these common modes of communication put your privacy at risk and can be inconsistent with the law and with the standards of my profession. Consequently, this policy has been prepared to assure the security and confidentiality of your treatment and to assure that it is consistent with psychology ethics and the law.

### **EMAIL AND TEXT MESSAGING COMMUNICATION**

I use email and text messaging only with your permission and only for administrative purposes. That means that email exchanges and text messages with me should be limited to things like setting and changing appointments, billing matters and other related issues. Please do not email or text me about clinical matters, because these are not secure ways to contact me. If you need to discuss a clinical matter with me, please call me so we can discuss it on the phone or wait so we can discuss it during your therapy session. If you choose to communicate with me by email or text messaging, be aware that all emails are retained in the logs of your and my Internet service providers. While it is unlikely that someone will be looking at these logs, they are, in theory, available to be read by the system administrator(s) of the Internet service provider. You should also know that any emails or text messages I receive from you and any responses that I send to you may become a part of your therapy record.

### **SOCIAL MEDIA**

I do not communicate with, or contact, any of my clients through social media platforms like Twitter and Facebook. In addition, if I discover that I have accidentally established an online relationship with you, I will cancel that relationship. I believe that communicating with patients on these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship.

I do not participate in social networks in my professional capacity. If you have an online presence, there is a possibility that you may encounter me by accident. If that occurs, please discuss it with me during our time together. I believe that any communications with clients online have a high potential to compromise the professional relationship. In addition, please do not try to contact me in this way. I will not respond and will terminate any online contact no matter how accidental.

### **WEBSITES**

I have a description of my practice on the websites [www.drjanuszewski.com](http://www.drjanuszewski.com) and Psychology Today. I use them for professional reasons to provide information to others about my practice. You are welcome to access and review the information that I have on that website and, if you have questions about it, we should discuss this during your therapy sessions.

## **WEB SEARCHES**

It is not a regular part of my practice to search for clients on Google or other search engines. Extremely rare exceptions *may* be made during times of crisis. If I have a reason to suspect that you are in danger and you have not been in touch with me via our usual means (coming to appointments, phone, or email), there *might* be an instance in which using a search engine (to find you, find someone close to you, or to check on your recent status updates) become necessary as part of ensuring your welfare. These are unusual situations and if I ever resort to such means, I will fully document it and discuss it with you when we next meet.

Recently it has become fashionable for clients to review their health care provider on various websites such as Yelp, Healthgrades, Yahoo Local, Bing, and others. Many of these sites comb search engines for business listings and automatically add listings regardless of whether the business has added itself to the site. If you should find my listing on any of these sites, please know that my listing is NOT a request for a testimonial, rating, or endorsement from you as a client. Further, if you do choose to write something on a business review site, I hope you will keep in mind that you may be sharing personally revealing information in a public forum. I urge you to create a pseudonym that is not linked to your regular email address or friend networks for you own privacy and protection.

## **NOTICE OF PRIVACY PRACTICES**

The Federal Health Insurance Portability and Accountability Act (HIPAA) requires mental health professionals to issue this official Notice of Privacy Practices. This notice describes how information about you is protected, the circumstances under which it may be used or disclosed and how you may gain access to this information. Please review it carefully.

For psychological services to be beneficial, it is important that you feel free to speak about personal matters, secure in the knowledge that the information you share will remain confidential. You have the right to the confidentiality of your medical and psychological information, and this practice is required by law to maintain the privacy of that information. This practice is required to abide by the terms of the Notice of Privacy Practices currently in effect and to provide notice of its legal duties and privacy practices with respect to protected health and psychological information. If you have any questions about this Notice, please contact the Privacy Officer at this practice.

### **Who Will Follow This Notice**

Any health care professional authorized to enter information into your medical record, all employees, staff, and other personnel at this practice who may need access to your information must abide by this Notice. All subsidiaries, business associates (e.g., a billing service), sites and locations of this practice may share medical information with each other for treatment, payment purposes or health care operations described in this Notice. Except where treatment is involved, only the minimum necessary information needed to accomplish the task will be shared. Uses and Disclosures for Treatment, Payment, and Health Care I may use or disclose your Protected Health Information (PHI), for treatment, payment, and health care operations purposes. The following should help clarify these terms:

- PHI refers to information in your health record that could identify you. For example, it may include your name, the fact you are receiving treatment here, and other basic

information pertaining to your treatment.

- Use applies only to activities within my office and practice group, such as sharing, employing, applying, utilizing, and analyzing information that identifies you.
- Disclosure applies to activities outside of my office or practice group, such as releasing, transferring, or providing access to information about you to other parties.
- Authorization is your written permission to disclose confidential health information.

All authorizations to disclose must be made on a specific and required form.

- Treatment is when I provide, coordinate, or manage your health care and other services related to your health care. For example, with your written authorization I may provide your information to your physician to ensure the physician has the necessary information to diagnose or treat you.
- Payment Your PHI may be used, as needed, in activities related to obtaining payment for your health care services. This may include the use of a billing service or providing you documentation of your care so that you may obtain reimbursement from your insurer.
- Health Care Operations are activities that relate to the performance and operation of my practice. I may use or disclose, as needed, your protected health information in support of business activities. For example, when I review an administrative assistant's performance, I may need to review what that employee has documented in your record.

### **Written Authorizations to Release PHI**

Any other uses and disclosures of your PHI beyond those listed above will be made only with your written authorization unless otherwise permitted or required by law as described below. You may revoke your authorization at any time, in writing.

### **Uses and Disclosures without Authorization**

The ethics code of the American Psychological Association, California State law, and the federal HIPAA regulations all protect the privacy of all communications between a client and a mental health professional. In most situations, I can only release information about your treatment to others if you sign a written authorization. This Authorization will remain in effect for a length of time you and I determine. You may revoke the authorization at any time unless I have taken action in reliance on it. However, there are some disclosures that do not require your Authorization. I may use or disclose PHI without your consent in the following circumstances:

- Child Abuse – If I have reasonable cause to believe a child may be abused or neglected, I must report this belief to the appropriate authorities.
- Adult and Domestic Abuse – If I have reason to believe that an individual such as an elderly or disabled person protected by state law has been abused, neglected, or financially exploited, I must report this to the appropriate authorities.
- Health Oversight Activities – I may disclose your PHI to a health oversight agency for oversight activities authorized by law, including licensure or disciplinary actions. If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that patient in order to defend myself.
- Judicial and Administrative Proceedings – If you are involved in a court proceeding and a request is made for information by any party about your treatment and the records thereof, such information is privileged under state law, and is not to be released without a court order. Information about all other psychological services (e.g., psychological evaluation) is also privileged and cannot be released without your authorization or court order. The privilege does not apply when you are being evaluated for a third party or where the evaluation is court-ordered. You must be informed in

advance if this is the case.

- **Serious Threat to Health or Safety** – If you communicate to me a specific threat of imminent harm against another individual or if I believe that there is clear, imminent risk of injury being inflicted against another individual, I may make disclosures that I believe are necessary to protect that individual from harm. If I believe that you present an imminent, serious risk of injury or death to yourself, I may make disclosures I consider necessary to protect you from harm.
- **Worker's Compensation** – I may disclose PHI regarding you as authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

### **Special Authorizations**

Certain categories of information have extra protections by law, and thus require specially written authorizations for disclosures.

- **Psychological Evaluations and Psychotherapy Notes** – I will obtain special authorization before releasing your Psychotherapy Notes. "Psychotherapy Notes" are notes I have made about our conversation during a private, group, joint, or family counseling session, which I have kept separate from the rest of your record. These notes are given a greater degree of protection than PHI.
- **HIV Information** – Special legal protections apply to HIV/AIDS-related information. I will obtain a special written authorization from you before releasing information related to HIV/AIDS.
- **Alcohol and Drug Use Information** – Special legal protections apply to information related to alcohol and drug use and treatment. I will obtain special written authorization from you before releasing information related to alcohol and/or drug use/treatment. You may revoke all such authorizations (of PHI, Psychotherapy Notes, HIV information, and/or Alcohol and Drug Use Information) at any time, provided each revocation is in writing, signed by you, and signed by a witness. You may not revoke an authorization to the extent that (1) I have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, the law provides the insurer the right to contest the claim under the policy.

### **Patient's Rights and Psychologist's Duties Patient's Rights:**

- **Right to Request Restrictions** – You have the right to request restrictions on certain uses/disclosures of PHI. However, I am not required to agree to the request.
- **Right to Receive Confidential Communications by Alternative Means** – You have the right to request and receive confidential communications by alternative means and locations. (For example, you may not want a family member to know that you are seeing me. On your request, I will send your bills to another address.)
- **Right to Inspect and Copy** – You have the right to inspect or obtain a copy of PHI in my records as these records are maintained. In such cases, I will discuss with you the process involved.
- **Right to Amend** – You have the right to request an amendment of PHI for as long as it is maintained in the record. I may deny your request. If so, I will discuss with you the details of the amendment process.
- **Right to an Accounting** – You generally have the right to receive an accounting of all disclosures of PHI. I can discuss with you the details of the accounting process.
- **Right to a Paper Copy** – You have the right to obtain a paper copy of the Notice of Privacy Practices from me upon request.

### **Psychologist's Duties**

- I am required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
- I reserve the right to change the privacy policies and practices described in this notice. Unless I notify you of such changes, however, I am required to abide by the terms currently in effect.
- If I revise my policies and procedures, I will notify you at our next session, or by mail at the address you provided me.

### **Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer at this practice or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. You will not be penalized or discriminated against for filing a complaint.

If you have any questions about this Notice, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact me:

Beverly Januszewski, Ph.D.

1280 S. Victoria Avenue, Suite 230

Ventura, CA 93003

805-642-3648

## **TELEPSYCHOLOGY INFORMED CONSENT**

In addition to in-person options, I offer individual psychotherapy services through telephone or secure video conferencing when we are not in the same location. Before we begin working together, please read this contract carefully and let me know if you have any questions before signing. Once you sign, it will constitute a binding agreement between us. Your consent for psychological services via telepsychology is voluntary. You can withdraw from services at any time. We may also agree to modify your service delivery as needed.

**STATE LICENSING & TECHNOLOGY REQUIREMENTS** To participate in telepsychology with me, you must:

- Be a resident of and conferencing in the state of California, as my license as a clinical psychologist only covers me in California
- Be prepared to exchange private information via secure email (like signing and sending this Office policy & Informed Consent form and my Authorization for Release of Information Form)
- Be prepared to exchange private information (like medical history and personal information) via your telephone and/or screen device to my telephone and/or screen device for audio and/or video conferencing
- Have access to and know how to operate your telephone and/or screen device for audio and/or video conferencing (I'll send you a link to click with instructions prior to your first telepsychology session)

### **SOFTWARE SECURITY PROTOCOLS**

Please recognize that the interactive technologies used in telepsychology (I use DoxyMe) incorporate network and security protocols to protect the confidentiality of client

Policies and Consent for Psychological Services

Beverly Januszewski, Ph.D.

Page 9

health information and images transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. In rare instances, security protocols could fail, causing a breach of privacy of personal health information.

### **RISKS & LIMITATIONS OF TECHNOLOGY**

- Although technology allows for greater convenience, there are risks in transmitting information over technology that include, but are not limited to breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. Please make sure you are in a private location for your session.
- Regardless of the sophistication of today's technology, some information I would ordinarily get in an in-person consultation may not be available in a telepsychology consultation. By signing, you understand that such missing information could in some situations make it more difficult for her to understand your problems and to help you get better.
- By signing, you understand that telepsychology is a new delivery method for professional services, in an area not yet fully validated by research, and may have potential risks, possibly including some that are not yet recognized.
- There is a possibility that the technology will fail before or during a session, that the transmitted information in any form will be unclear or inadequate for proper use in the consultation(s), and that the information may be intercepted by an unauthorized person or persons.

### **EMERGENCY CARE**

- As a recipient of telepsychology services, you will need to participate in ensuring your safety during mental health crises, medical emergencies, and sessions that you have with me.
- I will require you to designate an emergency contact. You will need to provide permission for me to communicate with this person about your care during emergencies.
- We will also develop a plan for what to do during mental health crises and emergencies and a plan for how to keep your space safe during sessions. It is important that you engage with me in the creation of these plans and that you follow them when you need to.

### **PRIVACY & LAWS & STANDARDS**

- By signing, you verify that you are using your own equipment to communicate and not equipment owned by another, and specifically not using your employer's computer or network. You are aware that any information you enter into an employer's computer can be considered by the courts to belong to your employer and your privacy may thus be compromised.
- Please do not record video or audio sessions without my consent. Making recordings can quickly and easily compromise your privacy and should be done so with great care. I will not record video or audio sessions.
- The laws and professional standards that apply to in-person behavioral services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent. All elements of this office policy and informed consent still apply.

### **DISCONTINUING CARE**

- Any party engaged in treatment can discontinue treatment at any time.
- You do not have to answer any question that you feel is inappropriate. Any refusal to participate in the consultation(s) or use of technology will not affect your continued treatment by me.

• Please note that your diagnosis depends on information, and treatment depends on diagnosis. If you withhold information, you assume the risk that a diagnosis might not be made or might be made incorrectly and your telepsychology-based treatment might be less successful than it otherwise would be.

**RELEASE OF LIABILITY**

I unconditionally release and discharge Dr. Beverly Januszewski and her designees from any liability in connection with my participation in the remote consultation(s).

**FINAL AGREEMENT FOR TELEPSYCHOLOGY TREATMENT OF SELF OR MINOR**

By signing below, you show that you have carefully read and fully understood the policies described above. It also means that you authorize information related to your (and/or your child's) behavioral health to be electronically transmitted in the form of images and data through an interactive video or telephone connection to and from Dr. Beverly Januszewski. With this knowledge, you voluntarily consent to participate in the telepsychology consultation(s), including but not limited to any care, treatment, and services deemed necessary and advisable, under the terms described herein.

**I have read and understand the above provisions and agree to them.**

---

Print name of patient Date

---

Signature of patient or parent/legal guardian Printed name of parent/guardian

---

Signature of teen client Printed name of teen client