

Dr. Nancy Stechler
Clinical Psychologist

SIGNATURE PAGE

The information on the Patient Information form is accurate to the best of my knowledge.

I have read the HIPAA Notice Of Privacy Practices.

I have read the Financial Agreement and Disclosures page.

I have read the Office Policies and General Information Agreement for Psychotherapy Services or Informed Consent for Psychotherapy carefully.

I have been given the opportunity to ask questions about the above documents. I understand and agree to comply with them:

Client's Name (print) _____

Signature _____ Date _____

Client's Name (print) _____

Signature _____ Date _____

Dr. Nancy Stechler
Signature _____ Date _____