

SIGNATURE PAGE

Informed Consent Form

Your signature below indicates that you have read this document and agree to my terms.

Client Signature & Date

Client Signature & Date

Telemedicine Consent to Treatment

Your signature below indicates that you have read this document and agree to telemedicine with me as part of your psychotherapy.

Client Signature & Date

Client Signature & Date

Good Faith Estimate

I provided you with general information about Good Faith Estimates as well as an individual estimate. Additionally, information was provided in my Informed Consent form re: managed care. By signing below, you give up your federal consumer protections and agree to pay more for out-of-network care. With your signature, you are agreeing to my fees and terms and acknowledge that you are consenting of your own free will and are not being coerced or pressured.

Client Signature & Date

Client Signature & Date

Acknowledgement of Receipt of Notice of Privacy Practices.

By signing the line below, you acknowledge receipt of the Notice of Privacy Practices. The Notice of Privacy Practices is subject to change and if it does, you will be informed.

Client Signature & Date

Client Signature & Date