

SIGNATURE FORM

State law requires that I present to new clients a disclosure statement with information on my office policies, my qualifications and approach to therapy, and the clients' rights and responsibilities. This information is contained in the two enclosed sheets entitled:

- 1) "Office Policies" and
- 2) "My Qualifications and Approach as a Psychologist,
and Your Rights and Responsibilities as a Client."

Please read these information sheets carefully and retain them for your records. As required by state law, once you understand and agree to them, please sign this signature form below and return it to me. You may either mail it or bring it to our next meeting. I will give you a copy of it for your records. If you have any questions about any information on these sheets, I will be glad to answer them for you.

I have read, I understand, and I agree to abide by the terms of the two information sheets listed above.

Signed: _____ Date: _____

Signed: _____ Date: _____
(If second client)