MIDSTEP CENTERS for CHILD DEVELOPMENT

SERVICES AGREEMENT AND PRIVACY NOTICE CONSENT FORM

for KRISTEN SMITH-SIMON, PH.D.

(Effective: 07/01/15)

PARTIES:		
	& Kristen Smith-Simon, Ph.D., Licens	sed Psychologist
(Client)		
GENERAL CONSENT FOR ALL PA	TIENTS:	
I have received and read the Services Agr	reement and the Privacy Notice from Dr. Smith-Simon	1.
I agree to participate in psychological ser Privacy Notice.	vices while abiding by the terms and conditions descri	ibed in the Services Agreement and
I understand that I can revoke this Agreen	ment in writing at any time.	
Signature of Parent/Guardian	Relation to Patient	Date
Signature of Parent/Guardian	Relation to Patient	Date
Signature of Patient (14 years and older)	A COREEMENTS FOR A DOLLECCENT DATHENITS	Date
In the interests of promoting privacy and Clinical Record, except for summary info	efficacy for my child in psychotherapy, I consent to wormation. I have discussed this with Dr. Smith-Simon and Parents section of the Services Agreement.	vaive my rights to access to my child's
Signature of Parent/Guardian	Relation to Patient	Date
Signature of Parent/Guardian	Relation to Patient	Date
*		
Signature of therapist		Date