SERVICES AGREEMENT AND PRIVACY NOTICE CONSENT FORM

for JULIE A. PELLETIER, P.C. (Effective: 07/06/15)

	& Julie A. Pelletier, P.C., (I	Licensed Psychologist)
(Patient's Name)		, ,
GENERAL CONSENT FOR ALL PATIENTS:		
I have received and read the Services Agreem	ent from Dr. Pelletier.	
I have received and read the Privacy Notice for	rom Dr. Pelletier.	
I agree to participate in psychological service Agreement and Privacy Notice.	s while abiding by the terms and conditions de	scribed in the Services
I understand that I can revoke this Agreemen	nt 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)		Date
ADDITIONAL CONFIDENTIALITY AGREEM	MENT FOR ADOLESCENT PATIENTS:	
access to my child's Clinical Record, except for	cacy for my child in psychotherapy, I consent to or summary information. I have discussed this licy described in the Minors and Parents sectio	with Dr. Pelletier and
Signature of Parent/Guardian	Relation to Patient	Date
Signature of Parent/Guardian	Relation to Patient	Date
Signature of Dr. Pelletier		Date