

**MIDSTEP CENTERS for CHILD DEVELOPMENT
SERVICES AGREEMENT and PRIVACY NOTICE
CONSENT FORM
(Effective: 9/01/07)**

PARTIES

_____ & *Kristen Smith-Simon, Ph.D.*
(Client) *Post-Doctoral Psychology Resident*

GENERAL CONSENT FOR ALL PATIENTS

I have received and read the *Services Agreement* and the *Privacy Notice* from MidStep.

I agree to participate in psychological services while abiding by the terms and conditions described in the *Services Agreement* and *Privacy Notice*.

I understand that I can revoke this Agreement in writing at any time.

I understand that information regarding treatment planning and progress will be discussed with a licensed psychologist practicing through MidStep for the purposes of supervision.

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 AGREEMENT FOR ADOLESCENT PATIENTS:

In the interests of promoting privacy and efficacy for my child in psychotherapy, I consent to waive my rights to access to my child's Clinical Record, except for summary information. I have discussed this with my child's psychologist and agree to treatment in accordance with the policy described in the *Minors and Parents* section of the *Services Agreement*.

Signature of Parent/Guardian Relation to Patient Date

Signature of Parent/Guardian Relation to Patient Date

** _____
Signature of therapist Date

Witness to all above signatures