

Consent to Treatment

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My signature below certifies that I have received and read the Informed Consent and Disclosure Document and the HIPAA Notice of Privacy Policies. These forms were provided to me before or during my initial session for psychological services with Kai Scantlin, M.A., Psy.D. I was given the opportunity to ask questions about these forms, and all questions were answered to my satisfaction.

I understand that by signing this form, I agree to the policies set out in the Informed Consent and Disclosure Document and the HIPAA Notice of Privacy Policies. I also understand that this is a legal document and that there are no other agreements, verbal or written, other than those set forth in these documents.

Client's signature

Date

Client's printed name