

**DISCLOSURE OF INFORMATION, POLICIES,  
CLIENT AGREEMENT AND PRIVACY NOTICE  
SIGNATURE PAGE**

**YOUR AGREEMENT**

I/we understand that the results of therapy can be variable, and that the attainment of a positive outcome is dependent upon the effort expended by both myself and my therapist. I/we have read and understand the Disclosure of Information, Policies and Client Agreement and the Privacy Notice. I/we have had an opportunity to ask for clarification or further explanation. My/our signature(s) below indicates that I/we agree to all of the above policies and procedures and I/we have received or have access to a copy of these documents.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client Signature & Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client Signature & Date

Additional Signature Block For Minors (If applicable)

\_\_\_\_\_  
Parent or Guardian Name (If applicable)

\_\_\_\_\_  
Parent or Guardian Signature & Date (If applicable)