

LISA M. STEPHEN, Ph.D., P.C.

Licensed Psychologist – Doctorate

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Client Last Name:	Client First Name:	DOB:	Date:
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CLIENT BROCHURE AND INFORMED CONSENT AGREEMENT SIGNATURE FORM

I, _____ (name of client or person acting for the client), indicate by my signature below:

- I have read or had read to me the issues and points in the Client Brochure and Informed Consent form. I have discussed those points I did not understand and have had my questions answered to my satisfaction. I understand the content of this form.
- I understand that Dr. Stephen will comply with HIPAA and all applicable federal and state laws as well as her professional codes of ethics.
- I have been informed that any of the information in this form might change and, if so, I will be given notice of this.
- No specific promises or guarantees have been made to me by Dr. Stephen about the results of treatment, the effectiveness of the procedures used, and/or the number of sessions necessary for therapy to be effective.
- If at any time during the treatment I have questions about any of the subjects discussed in this form or about my work with Dr. Stephen, I will speak with her.
- I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns with Dr. Stephen before ending therapy.
- If I am using my insurance, I authorize Dr. Stephen to release my PHI information as required by my insurance company to her billing service (Claims Connections, Plattsburg, NY), my insurance company and her Business Manager.

Signatures (To be signed in session.)

My signature below indicates the following: I read and reviewed the content of this statement with Dr. Stephen and I consent to all of its provisions without limitation. I agree to actively engage in treatment and to implement the treatment plan. I received a copy of the Client Brochure and Informed Consent form or have been informed of where I can access one.

	Signature	Printed Name	Date
Client			
Parent/Guardian			
Parent/Guardian			
Witness		Lisa M. Stephen, Ph.D.	

I, the psychologist, have met with this client (and/or his or her parent/guardian) and have responded to his or her questions. The client reported she/he fully understands the content of this form.

Lisa M. Stephen Ph.D. Licensed Psychologist - Doctorate

____ / ____ / ____
Date

- Copy of Client Brochure and Informed Consent form accepted by client.
- Copy of Client Brochure and Informed Consent form accepted by parent/guardian.
- Copy of Client Brochure and Informed Consent declined, and client was told how to access it in the future.

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