



## Audra Walsh Psychology Group

### 2024 PRACTICE POLICIES

This form provides information about Audra Walsh Psychology Group (Audra Walsh, PhD, LLC) practice policies. Please be sure to discuss any questions with your clinician or a member of our leadership team who you can reach by emailing [info@audrawalsh.com](mailto:info@audrawalsh.com). By signing at the bottom of this form, you are agreeing that you have read, understand and agree to the items contained in this document. “We” as used herein refers to Audra Walsh Psychology Group and its clinicians. “You” as used herein refers to the patient/client or, if the patient/client is under the age of eighteen (18), the patient’s parent or legal guardian. Throughout this document “patient” and “client” may be used interchangeably.

**OFFICE POLICIES.** The Audra Walsh Psychology Group provides comfortable waiting rooms and shared space rooms that you are welcome to occupy before your appointment or while waiting during your child’s appointment. We have WIFI, light snacks, and beverages available for you to enjoy while you are in the office. Please note that we have many clients who are allergic to foods, dyes, and scents. To prevent accidental exposure to allergens and to help keep the office clean, please clean up after yourself and your family when snacking. Please ensure that all beverage containers have a lid/cap and are closed/sealed when walking through the building, including any common areas. Please do not wear perfume/cologne to the office. Our offices are non-smoking facilities. Please refrain from smoking in the office and parking lot. Smoking may result in a fine based on building policies. The Audra Walsh Psychology Group keeps all entry doors locked throughout the day to ensure the safety of all clients and clinicians. Once you become established as a client, you will be provided with a key code for entry. Please do not provide this code to anyone that is not a known client or legal guardian of a client, and please do not open the entry doors for anyone who does not have the code. This code may be changed periodically, and all current clients will be updated as needed. If you need assistance accessing the building, please contact your clinician or our administrators at [info@audrawalsh.com](mailto:info@audrawalsh.com).

**MEETING OUTSIDE OFFICE.** If you and your clinician see each other unexpectedly outside of the therapy office, the clinician will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance, and we do not wish to jeopardize your privacy. However, if you acknowledge your clinician first, your clinician may speak briefly with you. In general, we do not believe it is appropriate for clinicians and clients to engage in lengthy discussions in public or outside of the therapy office.

**TELEPHONE ACCESSIBILITY.** If you need to contact your clinician between sessions, please contact the clinician directly and leave a voice message. Clinicians are often not immediately available but will attempt to return your call within 24 hours (Monday through

Thursday If an emergency arises, please call 911 or visit the nearest hospital emergency department or 24-hour crisis unit.

**ELECTRONIC COMMUNICATION.** Email communication threads that are generated from an official Audra Walsh Psychology Group email address are encrypted. Despite the effort to protect email communications, we cannot fully ensure the confidentiality of any form of communication through electronic media, including email. Due to privacy, the use of our secure patient portal (Secure Messaging through Simple Practice) or voice call is recommended. However, if you prefer to communicate via email for issues regarding scheduling or cancellations, we will do so. We ask that you not use email to discuss therapeutic content or request assistance during emergencies. While we try to return messages in a timely manner, we cannot guarantee an immediate or same day response. Please note that any electronic communication (e.g., secure portal message, email, voicemail) is part of the electronic medical record and subject to release. Text messages are strictly prohibited, and any text message attempts will be responded to via email or Secure Messaging.

**SOCIAL MEDIA AND TELECOMMUNICATION.** Due to the importance of client confidentiality and the importance of minimizing dual relationships, our clinicians do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, Instagram, etc.). We believe that adding clients as friends or contacts on these sites can compromise their confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. However, you are welcome to follow our professional Facebook and Instagram accounts (“Audra Walsh Psychology Group”). If you have questions about this, please discuss them with your clinician.

**SCOPE OF SERVICES.** The Audra Walsh Psychology Group provides the following services: Individual therapy of children and adults; Parent coaching/Parent management services; Group therapy services; Psychological evaluations; Telepsychology services; Consultation services; Educational advocacy services; and other professional services (e.g., professional development workshops, etc.). The Audra Walsh Psychology Group does not aid in litigious processes (i.e., provide recommendations of any kind to the court) or perform child custody evaluations or forensic psychological evaluations (i.e., evaluations of a client in anticipation of prosecution or litigation). If you are considering using the results of an evaluation for a custody dispute or legal purposes, please consult with experts in those areas. If at any time during your course of services with Audra Walsh Psychology Group your clinician believes that you would benefit from services that are outside our scope of services, appropriate referrals will be provided to you.

**LIMITS OF CONFIDENTIALITY.** Information shared within therapy and/or evaluation appointments is kept confidential; however, there are a few exceptions that you should be aware of. Clinicians of Audra Walsh Psychology Group may consult with one another when it is in the best interest of you or your child’s treatment. Consultation is conducted without sharing names or identifying information, unless clinically relevant. In the case that clinicians of Audra Walsh Psychology Group are working with multiple members of a single-family unit, we will discuss with you the information you would like shared and what you would like to be kept confidential, and we will take all efforts to respect your privacy.

There are some situations in which your clinician may be required by law or by the ethical guidelines of their profession to disclose information, whether or not they have your or your child's permission. Situations in which confidentiality cannot be maintained include:

- 1) When an adult or child client discloses that they plan to cause serious harm or death to themselves, and it is believed by the clinician that they have the intent and ability to carry out this threat in the very near future. In these situations, attempts will be made to contract for safety; however, in cases where safety cannot be ensured, the clinician may need to notify crisis workers and/or law enforcement. In the case that this is disclosed by a minor, steps will be taken to inform a parent or guardian or others of what the child has disclosed and how serious the threat is perceived to be, in order to try to prevent the occurrence of such harm.
- 2) When an adult or child client discloses a plan to cause serious harm or death to someone else, and their clinician believes they have the intent and ability to carry out this threat in the very near future. In this situation, the clinician may be required to inform the person who is the target of the threatened harm as well as law enforcement. In the case that this is disclosed by a minor, steps will be taken to inform a parent or guardian or others of what the child has disclosed and how serious I believe this threat to be.
- 3) When the clinician is told about, or suspects, past or current harm (abuse or neglect) of a minor, an elderly individual, or a disabled adult, the clinician is required by law to report the alleged abuse to the appropriate state protective agency (the Department of Children and Families).
- 4) When the clinician is ordered by a court to disclose information.

**TREATMENT OF MINORS.** In order to authorize mental health treatment for your child, you must have either sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify us as soon as possible. We will ask you to provide a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child prior to beginning services. If you are separated or divorced from the child's other parent, please be aware that it is our policy to notify the other parent that we are meeting with your child and include them in therapy services to the extent that we deem appropriate. We believe it is important that all parents have the right to know that their child is receiving mental health evaluation or treatment, unless there are truly exceptional circumstances. One risk of child therapy involves disagreement among parents and/or disagreement between parents and the therapist regarding the child's treatment. If such disagreements occur, your clinician will strive to listen carefully so that they can understand your perspectives and fully explain their clinical perspective. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's therapeutic progress. Ultimately, parents decide whether therapy will continue. If any parent/legal custodian decides that therapy should end, we will honor that decision, unless there are extraordinary circumstances. However, in most cases, we will ask that you allow your clinician the option of having a few closing sessions with your child to appropriately end the treatment relationship. In the course of our treatment of your child, your clinician may meet with the child's parents/guardians either separately or together. Please be aware, however, that, at all times, the patient is your child – not the parents/guardians nor any siblings or other family members of the child. If we meet with you or other family members in

the course of your child's treatment, we will make notes of that meeting in your child's treatment record.

Therapy is most effective when a trusting relationship exists between the clinician and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a "zone of privacy" where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. If a client is a minor, their parents may be legally entitled to some information about their therapy. We will discuss with the client and their parents what information is appropriate for them to receive and which issues are more appropriately kept confidential.

Disclosure of Minor's Treatment Records to Parents. The laws of Florida give parents and legal guardians the right to see their child's medical record; however, caregivers are encouraged to respect their child's "zone of privacy," and should only request records when necessary. In instances of shared custody, your clinician may seek the authorization of all parents/guardians prior to releasing medical records. When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although our responsibility to your child may require our helping to address parenting consistency between the child's parents, the clinician's role will be strictly limited to providing treatment to your child. You agree that in any child custody/visitation proceedings, neither parent will seek to subpoena records or ask the clinician(s) to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing an opinion about parental fitness or custody/visitation arrangements.

Please note that your agreement may not prevent a judge from requiring your clinician's testimony, even though they will not do so unless legally compelled. If your clinician is required to testify, they are ethically bound not to give an opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian *ad litem*, or parenting coordinator, your clinician may provide information as needed, if appropriate releases are signed or a court order is provided, but they will not make any recommendation about the final decision(s).

**INTAKE PROCESS.** At time of your initial scheduling, you will receive several forms and questionnaires to complete for your or your child's intake appointment. Please complete these forms as soon as possible, and at a minimum of 48 hours prior to the intake appointment. Your clinician will benefit from having time to review all forms in detail so that they can ensure that your intake appointment time is used as efficiently as possible. If your forms are not completed prior to intake, your initial appointment may be postponed. If the intake is conducted without completed intake forms, there is a chance that your first treatment session will need to become a continuation of the intake appointment, which may ultimately delay the start of treatment.

**CONSENT FOR OBSERVATION.** We value professional development and growth for our clinical team, and we have found that one highly effective way for initial team member training and ongoing professional development is through observation. You will be asked at time of scheduling if you consent to having any of your, or your child's, sessions observed by another

clinician. If you choose to provide consent, your clinician will still reach out to you prior to any observed sessions to ensure that you continue to feel comfortable with the agreement. There are no risks to you if you choose to decline consent for observation and you can change your mind at any time.

**TELEPSYCHOLOGY.** Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone.

Telepsychology can be provided when preferred by the client and when it is deemed an appropriate form of treatment based on presenting concerns, level of risk, engagement, and other factors that will be assessed throughout the course of treatment. If you schedule a telepsychology appointment, it is your responsibility to ensure that you are in an appropriate location (e.g., a place that is private and safe) and that you have a stable internet connection. If you join a telepsychology session from a location that is inappropriate for therapy services (e.g., a public location, a location without stable internet), your clinician may choose to end the appointment and you will be responsible for session fees. If there are limitations in internet connectivity, the client may choose to participate in the appointment telephonically, and the standard session rates apply.

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. You will be asked to identify your location at the beginning of each session if it is unknown to the clinician, as well as an emergency contact person who is near your location and who we can contact in the event of a crisis or emergency to assist in addressing the situation. We will ask that you sign a separate authorization form allowing us to contact your emergency contact person as needed during such a crisis or emergency. There is an expectation that both the client and the clinician will have their video turned on for each session, unless mutually agreed upon for extenuating circumstances. The telepsychology sessions shall not be recorded in any way, by client or clinician, unless agreed to in writing by mutual consent. A record of our session will be documented in the same way that in-person sessions are documented, in accordance with our policies.

#### **APPOINTMENTS AND CANCELLATIONS FOR THERAPY AND INTAKE SESSIONS.**

The standard meeting time for psychotherapy or an intake session is 53-minutes. In order to schedule and secure an appointment you must have a credit card on file. Appointments are reserved for clients in advance and will not be filled by another client. Therefore, all cancellations must be made at least 48 hours in advance of any scheduled appointment. You will be responsible for 25% of your full session Fee the first time a cancellation occurs within 48 hours of your scheduled appointment or if you do not show for your appointment without notice. You will be responsible for 50% of your full session Fee the second time a cancellation occurs within 48 hours of your scheduled appointment, or you do not show for your appointment without notice. Any additional late cancellations or no-shows will be billed to you at the full session Fee. If you are late for a session, you are responsible for full payment for the session (i.e., there are no prorated payments for clients late to a session). If you are late for, or miss, a telehealth session due to your connectivity problems (e.g., you are in a location without WiFi, your computer is not charged, etc.) then you are responsible for full payment for the session.

However, if the session begins late due to provider connectivity problems, the session rate will be prorated.

**Active Clients.** Clients who engage in regularly scheduled therapy sessions are considered “Active Clients.” Active Clients should notify their clinician and/or Audra Walsh Psychology Group as soon as they know that they are not able to attend their session. Active Clients typically schedule the same session day/time each week unless prior arrangements are made with their clinician. When an Active Client is scheduling sessions for a time outside of a regularly scheduled session, appointments will be offered on a “first come, first served” basis. Offered sessions will not be held until confirmed by both the client and the clinician.

**Inactive Clients.** An Active Client who misses or cancels two consecutive appointments without at least forty-eight (48) hours advance notice will be considered an Inactive Client. Infrequent/Irregular clients who do not have scheduled appointments on the calendar who do not respond to two attempts to contact for scheduling will also be considered an Inactive Client. Regular session times on the same day/time each week will not be held for Inactive Clients. If an Inactive Client wishes to return to Active Client status (i.e., return to regularly scheduled therapy) we will do our best to accommodate scheduling preferences. The client may need to be put on a waitlist, work with a different clinician, or select a different day/time if the prior session day/time is no longer available.

If you are unsure about the days/times of your sessions, it is your responsibility to check the patient portal or contact your clinician. When in doubt, please contact the office at [info@audrawalsh.com](mailto:info@audrawalsh.com) or your clinician directly.

**RECURRING SESSION SCHEDULING.** When possible we request that you reserve recurring sessions for the same day and time each week. The initially agreed-upon day and time when beginning treatment will be your weekly recurring appointment. If you foresee any challenges with this recurring arrangement (e.g., due to your work schedule, etc.), please discuss this during the scheduling process so your needs can be accommodated appropriately. It is important to note that your clinician may have limited flexibility to adjust your appointment time later on, however, we will do our best to accommodate client scheduling needs.

Typically, new therapy clients start with weekly sessions unless there are extenuating circumstances. As a client progresses through therapy, there may be an opportunity to adjust the frequency of sessions (e.g., it may be recommended that a client reduce therapy frequency based on response to intervention and therapeutic progress). Should it be determined that a reduction in therapy frequency is appropriate, you will have the option to switch to a less frequent schedule (e.g., bi-monthly, monthly, or as needed) to either prolong the overall duration of service or maintain weekly sessions for a short period before concluding. Modifications to the session frequency may result in a change to the day and time of your appointment.

**PSYCHOLOGICAL EVALUATIONS.** The Audra Walsh Psychology Group provides psychological evaluations for children and adults including neuropsychological evaluations, psychoeducational evaluations, developmental evaluations, and social-emotional evaluations. The Audra Walsh Psychology Group will make a recommendation for the type of evaluation

based on the client's history and presenting concerns. It is important that you disclose any past psychological evaluation(s) or assessment(s) to your evaluator during your Evaluation Intake Session so that they can make an informed decision about which test instruments are appropriate and valid for your evaluation. The evaluator will select test instruments that demonstrate sufficient evidence of validity for the purpose of the assessment, sufficient score reliability, and that are fair and appropriate for the various demographic groups to which you or your child belong.

**Fee for Evaluations.** The Fee for an Evaluation Intake Session is \$400. After the Evaluation Intake Session, the evaluator will provide you with a Good Faith Estimate for the recommended evaluation, as this varies based on the recommended assessment battery. It is understood that the quoted fee is for the administration of the assessment instruments, the collection and analysis of the evaluation data, and the time spent conceptualizing and writing the comprehensive psychological report. The Audra Walsh Psychology Group does not guarantee any score or diagnostic conclusion based on an evaluation being performed.

If the evaluator is not able to conduct the assessment plan as quoted because the client is unwilling or unable to engage with the assessment tasks, the clinician will make every effort to obtain accurate and complete data. In the event that this is not possible, the clinician may adjust the assessment plan or discontinue the evaluation. The minimum Fee for the direct assessment portion of the evaluation is \$400, even if planned assessments are not administered.

**Appointments and Cancellations for Evaluations.** You will be responsible for 10% of the Evaluation Fee if you cancel an evaluation appointment with less than forty-eight (48) hours' prior notice or if you do not show for your evaluation appointment(s). This Fee may be waived if you communicate with your evaluator and the evaluation is rescheduled for a date within thirty (30) days of the canceled appointment.

**FEES.** Fees are subject to change, but are as set forth herein:

**Therapy/Counseling/Consultation Fees:**

- Licensed Psychologist:
  - Initial Intake Session: \$400.00
  - Subsequent Sessions: \$220.00 per client hour
- Psychology Clinician (e.g., Licensed School Psychologist, postdoctoral psychology resident, licensed Master's level clinician, clinical intern under supervision of a licensed psychologist):
  - Initial Intake Session: \$324.00
  - Subsequent Sessions: \$180.00 per client hour

### Evaluation Fees:

- Evaluation Intake Session: \$400
- Psychological, Neuropsychological, and Psychoeducational Evaluation Fees vary depending on scope of the evaluation and needs of the client. These will be discussed after the Evaluation Intake Session.
- Gifted Evaluation: \$300

A “client hour” is based on a 53-minute session. Appointments are scheduled for the 53-minute period unless previously arranged. Should a session go beyond the 53-minute period, should phone/email consultation occur between sessions, or should additional paperwork be requested (e.g., FMLA, addendums to evaluation reports) additional charges are billed at the hourly rate, in 15-minute increments. In the event you ask a clinician to perform any other additional services (i.e. services beyond those associated with preparing for and documenting treatment sessions), you will be billed for those additional services. We can not provide letters or documentation for emotional support animal requests, as this falls outside of our scope of practice.

### Travel Fees:

In addition to the Initial Intake and Service Fees noted above, a Travel Fee will also be charged for sessions or appointments that occur outside of our office (e.g., in homes, schools, other community locations) as follows:

- Within a 15-mile radius of office: \$75.00
- Within a 30-mile radius of office: \$150.00
- Within a 45-mile radius of office: \$225.00
- An additional \$75.00 for travel within each additional 15-mile radius of the office.

All Fees are subject to change. Please ask your Audra Walsh Psychology Group provider if questions related to Fees arise.

Payment of all applicable Fees is due at the time of service. In case of divorced parents or other situations with multiple parties that are responsible for billing, responsibility and payment shall be that of the parent or guardian bringing the child for treatment unless other arrangements have been made with Audra Walsh Psychology Group in writing. If Fees are not paid on the date of service, you will be charged a \$40 billing Fee in addition to all other Fees due and owing.

Sliding Scale Fees. The Audra Walsh Psychology Group offers sliding scale rates to clients in need. Sliding scale spots are limited as each clinician carries a specified percentage of reduced rate spots with designated dates and times, which is a common practice in our industry. If you are interested in applying for sliding scale rates, please let the Client Services Manager know at the time of initial scheduling.

**PAYMENT AND CREDIT CARD AUTHORIZATION.** You must keep an electronic form of payment (i.e. credit card, debit card, Health Savings Account (HSA), Flexible Spending Account (FSA)) on file with the Audra Walsh Psychology Group and participate in Autopay. You can



change the card you have on file at any time. If you wish to use a HSA/FSA account as your primary form of payment, we ask that you also have a secondary form of payment on file that can be charged if your account is out of funds.

All Fees due and owing are payable at the time of service and will be charged to your credit card on the day of your scheduled service unless you made arrangements when you scheduled your session to pay with cash or check.

If you made arrangements to pay with a check and the check is not honored for any reason, you will be charged an additional \$50.00 returned check Fee, and all Fees due and owing will then be billed to your credit card on file.

If Fees are charged to your credit card and that credit card is declined, you will be charged an additional \$40.00 billing Fee.

**Family Empowerment Scholarship (FES) Program (Formerly Gardiner Scholarship Program)**

The Audra Walsh Psychology Group is a direct-pay FES provider; therefore, clients with the FES can use these funds for services. Clients who would like to participate in FES-direct-pay will be expected to provide their FES student ID when scheduling the intake session and reserve and/or approve funds in the FES Portal within 24 hours of each appointment. If funds for those sessions are not reserved and/or approved by the responsible party within 2 days of each appointment, the card on file will be charged.

Clients who would like to participate in FES-direct-pay, are required to provide the FES student ID when scheduling the initial appointment, keep a card on file and be responsible for any fees not paid for by FES, including but not limited to late cancellation fees.

For FES-direct-payment of evaluation fees a prior authorization must be submitted to FES by the client and approved prior to scheduling the evaluation.

**INSURANCE.** Because Audra Walsh Psychology Group is considered out-of-network with insurance companies, Fees are due at the time of service. While insurance companies are not billed by Audra Walsh Psychology Group, detailed receipts with procedure/treatment codes will be provided after sessions, upon request, so that you can seek reimbursement through your insurance company. Psychological evaluation and treatment is often not fully covered by insurance policies. Therefore, we recommend that you contact your insurance company prior to being evaluated and/or treated to see if services will be reimbursed under your benefits. Generally, if insurance companies provide reimbursement, it is for services provided by a licensed psychologist, so please note this when scheduling. Typically, services provided by a psychology clinician or licensed school psychologist are not eligible for insurance reimbursement.

**PUBLICLY AVAILABLE SERVICES.** Some services provided by Audra Walsh Psychology Group are offered by clinicians who split their time between private practice and other settings, such as working as school psychologists for a local public school district. Some clients may be eligible to obtain services at no cost from the school district.

**REQUEST OF MEDICAL RECORDS.** You can request that your or your child's medical records be released at any point in time, to be sent directly to another entity (e.g., treating physician, school) or yourself. Due to privacy and confidentiality, the Audra Walsh Psychology Group does not release records via fax. The methods through which we release records include encrypted email, certified mail, or through the physical hand-off of records to the authorized party.

If you chose to make a request for medical records, please do so by emailing [info@audrawalsh.com](mailto:info@audrawalsh.com) and also discussing the request with your clinician. Your clinician will work with you to understand your needs throughout this process. The laws and ethics for mental health providers state that we have 30 days to prepare and release medical records. Although we do our best to respond to these requests as soon as possible, this process is lengthy and often involves multiple team members (i.e., your clinician and multiple administrators) so that we can ensure consistency, confidentiality, and fidelity in our records release process. Please allow a minimum of 7 business days from the time of signing an Authorization (release) Form before anticipating that any records are released. If your records need to be notarized or mailed, please understand that this extends the timeline.

**LEGAL PROCEEDINGS.** Members of the Audra Walsh Psychology Group are not mandated to participate in any legal proceedings without a subpoena. If your clinician(s) and/or other team members (e.g., a supervisor) is required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for their participation agrees to reimburse the Audra Walsh Psychology Group at the rate of \$220 per hour per clinician for time spent traveling (including out of city or state travel), speaking with attorneys, reviewing and preparing documents, testifying, being in attendance for depositions, mediations, trials, or other court-related meetings (including waiting time), and performing any other case-related tasks, as well as reimburse any other case-related costs. If multiple clinicians (e.g., both an unlicensed clinician and a supervising clinician) are asked to testify, the rate will be charged per clinician.

**TERMINATION.** Ending a therapeutic relationship can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination process depends on the length and intensity of the treatment. Clinicians may terminate treatment at their discretion, for reasons including but not limited to a determination that psychotherapy is not being effectively used, your needs are outside the scope of our practice, or if you are in default on payment. In this case, attempts will be made to facilitate discussion with you and create a termination process when appropriate. We will not terminate the therapeutic relationship without first attempting to discuss and explore the reasons for and purpose of terminating. If therapy is terminated for any reason, or if you request another therapist, the clinician will provide you with a list of qualified providers. You may also choose a new clinician on your own or from another referral source.

BY SIGNING BELOW, YOU AGREE THAT YOU HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT, AND FURTHER AGREE THAT YOU ACCEPT FULL RESPONSIBILITY FOR ALL FEES.

Patient Name (Print): \_\_\_\_\_

Patient Date of Birth: \_\_\_\_\_

Signature of Patient or Legal Representative: \_\_\_\_\_

If Legal Representative, list Name and Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_