

Jay Beard, Ph.D.
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CONSENT FOR TREATMENT

I have read and understand the Psychotherapist-Client Agreement and the HIPAA Notice provided and understand that I can request a paper copy of either or both documents. In particular, I understand the 24 hour cancellation policy, the confidentiality policy, and the way that reimbursement from third parties (including insurance/managed care companies) will be handled. I agree to abide by the terms of this agreement during our professional relationship.

Name

Date