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Informed Consent Signature Page

TO BE SIGNED and KEPT ON FILE

I have read and reviewed the Informed Consent including: Office Policies and General Information, Agreement for Psychotherapy Services or Informed Consent for Psychotherapy *carefully* (a total of 6 pages); I understand them and agree to comply with them:

Received copy via email with written or verbal permission of complete Informed Consent including 20 items below in detail. In addition, reviewed items at Intake appointment with clinician.

CONFIDENTIALITY, WHEN DISCLOSURE IS REQUIRED OR MAY BE REQUIRED BY LAW, EMERGENCY, HEALTH INSURANCE & CONFIDENTIALITY OF RECORDS, LITIGATION LIMITATION, CONSULTATION, E-MAILS, CELL PHONES, COMPUTERS AND FAXES, RECORDS AND YOUR RIGHT TO REVIEW THEM, TELEPHONE & EMERGENCY PROCEDURES, PROFESSIONAL FEES, MEDIATION & ARBITRATION, THE PROCESS OF THERAPY/EVALUATION AND SCOPE OF PRACTICE, TREATMENT PLANS, TERMINATION, DUAL RELATIONSHIPS, SOCIAL NETWORKING AND INTERNET SEARCHES, CANCELLATION, RECEIVED COPY VIA EMAIL OF NOTICE OF PRIVACY PRACTICES (HIPPA INFORMATION), INFINITE HEALING AND WELLNESS LLC ROLE AS A MANAGEMENT COMPANY

Print name of Client or Parent/ Guardian Date

Signature of Client or Parent/ Guardian Date

Print name of Clinician Date

Signature of Clinician Date

PROVISIONS FOR SERVING AS A TREATING CLINICIAN WITH MINORS The client of record is a minor N/A
(I have read and agree to terms in this section)

Signature of Parent/ Guardian Date

Signature of Parent/ Guardian Date

A COLLABORATIVE TEACHING FACILITY The clinician is under direct supervision N/A
(I have read and understand that I am seeing an associate level clinician who is currently under direct supervision)

Signature of Client or Parent/ Guardian Date

Signature of Associate Level Clinician Date

PAYMENT POLICY (I have read and understand the payment policy and authorize the charge by company indicated)

Infinite Healing and Wellness LLC

Life Balance Therapies PLLC

Creating Change PLLC

Sonoran Sage Counseling PLLC

Signature of Client or Parent/ Guardian _____ Date _____