

Donald D. Roberts, Ph.D
705 W. 7th Avenue, Ste, 1-C
Spokane, WA 99204
(509) 624-7252

SIGNATURE FORM

I, _____, have read and understand the *Privacy Policy*
Printed name

that my psychologist/counselor has made available to me.

Signed date

I, _____, have read and understand the information contained
Printed name

in my psychologist/counselor's *Psychotherapist-Patient Services Agreement* and I do
agree to it's contents.

Signed date