

Christopher J. BH. Bauchman, PsyD, LLC
Licensed Psychologist
100 Village Square Crossing
Suite 204
Palm Beach Gardens, FL 33410

SIGNATURE PAGE

Informed Consent to Treatment: I, the client, understand that I have the right not to sign this form. My signature below indicates that I have read and discussed and received a copy of **Agreement and Informed Consent for Treatment**; it does not indicate that I am waiving any of my rights. I also understand that any of the points in the Agreement and Informed Consent for Treatment can be discussed and may be changed by mutual agreement at any time. I understand my rights to privacy and the exceptions to my rights to privacy, and that there are risks associated with treatment. I have read, or had read to me Agreement and Informed Consent for Treatment, which includes the Notice of Privacy Practices document. I have discussed those points I did not understand and have had questions if any, fully answered. I agree to the points in this document and enter into therapy with this therapist as shown by my signature here.

Printed Name: _____

Date: _____

Signature: _____

For Couples Therapy 2nd partner:

Printed Name: _____

Date: _____

Signature: _____

Signature: _____

Date: _____

Christopher J. BH. Bauchman, PsyD
Licensed Psychologist