



CHEATHAM PSYCHOLOGY SERVICES, LLC

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**INFORMED CONSENT SIGNATURE PAGE**

**Informed Consent to Services:** I, the patient, understand that I have the right to not sign this form. My signature below indicates that I have read and discussed and received a copy of Agreement and Informed Consent for Services; 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 Services 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. I understand that there are risks associated with treatment. I have read, or had read to me, Agreement and Informed Consent for Services which includes the Notice of Privacy Practices document. I have discussed those points I did not understand and have had my questions fully answered. I agree to the points in this document and engage in services with Cheatham Psychology Services, LLC as shown by my signature here.

**Initials**

\_\_\_\_\_ A copy of the Notice of Privacy Practices was made available to me in hard or electronic copy.

Patient:

\_\_\_\_\_

Printed Name

Signature

Date

Provider:

\_\_Patrick Cheatham, Psy.D.\_\_\_\_\_

Printed Name

Signature

Date