

Lake Minnetonka Psychology
202 Water Street, Suite 208
Excelsior, MN 55331
Contact: Kathleen Petersen, Ph.D., LP, NCSP
KP@LakeMinnetonkaPsychology.com
612-895-6500

SIGNATURE PAGE

CLIENT INFORMATION AND CONSENT

I have received the "Client Information and Consent" document from Lake Minnetonka Psychology and I agree to the terms of the letter. Initials _____

PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the "Minnesota Notice of Privacy Practices" and I have been provided an opportunity to review it. Initials _____

MINNESOTA BOARD OF PSYCHOLOGY CLIENT BILL OF RIGHTS

I have received the "Minnesota Board of Psychology Client Bill of Rights" and I have been provided an opportunity to review it. Initials _____

TELEPSYCHOLOGY INFORMED CONSENT

I have received the "Telepsychology Informed Consent" document and agree to the terms of the document. Initials _____

CONSENT FOR PSYCHOLOGICAL SERVICES

I give my consent for services with Kathleen Petersen, to include any of the following psychological services as indicated: evaluation, psychotherapy, and consultation. Initials _____

Please print name of patient, parent, or guardian _____

Signature of patient, parent or guardian _____ Date _____

Relationship to patient _____

Name of patient (if different than above) _____ Birthdate _____