



PATHWAYS

PSYCHOLOGY, PLLC

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PSYCHOLOGICAL SERVICES AGREEMENT

Please initial next to each item indicating your agreement to each statement:

- _____ I have read the Informed Consent for Psychological Services.
- _____ I have read the Financial Policies.
- _____ I acknowledge that I have received a copy of the Privacy Notice for this practice.

Your signature below indicates that you have read the information in all of the documents listed above and agree to abide by the terms of each document during our professional relationship. Your signature also indicates that you have had the opportunity to discuss any questions you may have had about information contained in these documents and are consenting to meet with me. For parents or guardians of patients under 18 years of age, your signature below also indicates that you consent to treatment for the minor. I will be happy to give you a copy of the Informed Consent, Financial Policies, and/or Privacy Notice to take with you if requested.

Patient (or Guardian) Signature

Date

Patient Name

Legal Guardian Name (printed)

Cristin M. Saffo, Psy.D.
Owner/Sole Member, Pathways Psychology, PLLC

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