

Ellen Dudley MA, LPC, CRC
Licensed Professional Counselor
2018 Eastwood Road, Suite 316, Wilmington, NC 28403
Telephone (910) 344-0480 Fax (910) 344-0301

ATTESTATION FORM

I have read the Notice Regarding Patient Records Privacy: Policies and Procedures document. My signature below indicates that I agree to its terms. I was given the opportunity to discuss this agreement and ask any questions to clarify information. I understand that I will be provided with a copy of this document upon request.

Printed Name

Date

Signature

My signature below indicates that I do not agree to its terms.

Signature

My signature below indicates that I am not able to sign as I do not understand its terms.

Signature

Witness

Date

I have read the Psychotherapist-Patient Services Agreement document. My signature below indicates that I agree to its terms. I was given the opportunity to discuss this agreement and ask any questions to clarify information. I understand that I will be provided with a copy of this document upon request.

Printed Name

Date

Signature

My signature below indicates that I do not agree to its terms.

Signature

My signature below indicates that I am not able to sign as I do not understand its terms.

Signature

Witness

Date