



Be the author of your story...

# Emergent Pathways Psychotherapy

www.emergepsych.com | 346.232.5060

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## Signature Page: Psychotherapy Service Contract and Confidentiality Notice

The patient or the patient's representative should sign in this form after receiving and reviewing the Therapy Service Contract, and having an opportunity to ask questions about "The Contract" between us:

I have received and read the Therapy Service Contract and the Notice of Confidentiality. I was given the opportunity to have all questions about them answered to my satisfaction. My signature attests that I understand and consent to the conditions in these documents. I understand that I may also request a copy of this

Printed Name: \_\_\_\_\_  
*(If not patient, relationship to patient)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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