

Clair L. Goldberg, Psy.D.
33 Plymouth Street, Suite 208
Montclair NJ 07042
Licensed Psychologist #4139

Adolescent Psychologist-Patient Services Agreement Signature Page

Client Name: _____

Parent/Guardian: _____

Date: _____

I have received and read the Psychologist-Patient Services Agreement, and agree to abide by its terms during our professional relationship.

Signature: _____

Date: _____

Name: _____

Signature Parent/Guardian: _____

Date: _____

Name: _____

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Adolescent Signature Page
New Jersey Notice Form: Notice of Psychologists' Policies and Practices to
Protect the Privacy of Your Health Information

I have received, read and understood the New Jersey Notice Form: Notice of Psychologists' Policies and Practices to Protect the Privacy of Your Health Information.

Signature: _____

Date: _____

Name: _____

Signature Parent/Guardian: _____

Date: _____

Name: _____