

THE
Bethesda Group
PSYCHOLOGICAL SERVICES



The Bethesda Group Psychological Services, LLC
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I, _____, have read, understand, and accept the policies described in the agreement. The fee for which I agree to assume responsibility is:

\$ _____ per psychotherapy session, or
\$ _____ for psychological assessment, or
\$ _____ for other services:

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS "AGREEMENT" DOCUMENT AND AGREE TO ABIDE BY ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPAA NOTICE.

signature of patient or authorized representative date signed

signature of parent of a minor child date signed