PATIENT SERVICES AGREEMENT WITH FAMILY PSYCHOLOGICAL SERVICES OF LAKELAND

| PATIENT NAME: | PATIENT DOB: |
|---|---|
| Welcome to Family Psychological Services of Lal professional and caring manner. | keland. We look forward to working with you in a |
| Before your session today, we ask that you read im to initial or sign your name to indicate that you hav | re received the information. |
| · · | ces Agreement prior to your session. This Agreement Family Psychological Services of Lakeland. You will be received the information. |
| ACKNOWLEDGEMENT OF RECEIPT OF PATIENT SERVICES AGREEMENT: | |
| , - | ave received from Family Psychological Services of Lakeland of Privacy Practices in accordance with the Health Insurance |
| Signature | PRINT NAME |
| RELATIONSHIP TO PATIENT | EFFECTIVE DATE |
| APPOINTMENTS AND CANCELLATION POLICY: | |
| The appointment time scheduled with you is only for you be confident that you will be seen very near your scheduled | ou. That is, we do not double-book appointments. You can uled appointment time. |
| may offer the time to another person. If you miss an app | Id you need to cancel or reschedule an appointment, so we cointment or fail to give <u>48 hours notice</u> , you will be charged to be paid prior to future appointments being scheduled. If the fee; the appointments will be cancelled. |
| RETURNED CHECKS: | (PLEASE INITIAL HERE -→) |
| | |
| · · · · · · · · · · · · · · · · · · · | nk. In the case of insufficient funds, we will automatically ned a second time; you will be asked to bring in a cashier's |

check, money order, or cash payment for the amount of the check plus fees before another appointment is

(PLEASE INITIAL HERE -→)

scheduled for you.