INITIAL SERVICES AGREEMENT WITH FAMILY PSYCHOLOGICAL SERVICES OF LAKELAND

PATIENT NAME:	PATIENT DOB:
Welcome to Family Psychological Services of La professional and caring manner.	keland. We look forward to working with you in a
Before your session today, we ask that you read in to initial or sign your name to indicate that you have	nportant information about our practice. You are asked 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, Notice of Privacy Practices in accordance with the Health
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 sched	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	ald 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 -→)
	
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check, money order, or cash payment for the amount of the check plus fees before another appointment is

(PLEASE INITIAL HERE -→)

scheduled for you.