

Cordell Associates, LLC

6500 Poe Avenue, Suite 400
Dayton, Ohio 45414
937-276-3356 (phone)
937-276-9514 (fax)

Informed Consent For Treatment

I have read the information on my right of confidentiality and have been given a copy of the Notice of Privacy Practices. I agree and consent to participate in the psychological services offered and provided by CORDELL ASSOCIATES, LLC.

I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within: (1) the scope of the provider's license, certification, and training; or (2) the scope of license, certification, and training of the psychologist directly supervising the services received by the patient.

Client _____ BD: _____

Signature _____ Date _____
(Parent/guardian to sign if client is a minor)