

# ***Kathleen M. Vogler, Ph.D.***

***KMV Psychological Services PC***

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## **Patient Signature of Agreement**

My signature below indicates that I have:

1. Received the documents:
  - A. Psychotherapist – Patient Services Agreement
  - B. Notice of Psychologist's Policies and Practices to Protect the Privacy of Your Health Information
  - C. Electronic Communication Policy
2. Read and Understand the information contained in these documents
3. Agree to abide by the terms of the information contained in these documents

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

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### **IF PATIENT IS A MINOR**

\_\_\_\_\_  
Printed Name of Patient

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

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