

Chingyen Godwin, Ph.D., NCSP
Licensed Psychologist

26 W Dry Creek Circle, Suite 180
Littleton, CO 80120

303-794-7761 (phone)
303-794-7811 (facsimile)

Psychologist-Patient Services Agreement

Signature Page

I _____ attest that I have read the Psychologist-Patient Services Agreement in its entirety, and the Agreement has also been provided to me verbally, and I fully agree to its terms. My signature also serves as an acknowledgement that I have also received the HIPAA Colorado Notice Form described in the Psychologist-Patient Services Agreement. I understand that I may revoke my signature and this agreement in writing at any time as outlined in the Agreement.

Patient Signature

Date

Signature of Guardian (if applicable)

Date