

Psychological Sunrise Center, PLLC
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**INFORMED CONSENT AGREEMENT
SIGNATURE PAGE**

My signature below indicates that I have read, understood, and agreed to each of the sections in the “Agreement for Psychological Services” form and agree to abide by its terms during our professional relationship. My psychologist, Dr. Dina Reimer has discussed this document with me. I have asked questions about any parts that I did not understand fully until I received satisfactory explanation of the process and procedures, including limits to my rights to confidentiality.

I hereby consent to treatment by Dr. Dina Reimer. My consent is given freely, voluntarily, and without coercion. I understand that I may revoke my consent in writing at any time without obligation or penalty, except to the extent that I am responsible for fees incurred for services provided prior to my revocation of consent.

By signing this page I am also acknowledging that I was provided with a copy of the HIPAA Arizona Notice Form, Psychologist’s Policies and Practices to Protect the Privacy of my Health Information. Additionally, I was provided Dr. Reimer’s Protocol for the secure storage, transfer and access to client records on termination of practice, or death...of provider. My psychologist has discussed these documents with me.

Client Signature (*print name if child client*)

Date

Client Signature

Date

Signature of Parent/Legal Guardian/Conservator

Date

Signature of Parent/Legal Guardian/Conservator

Date