

SIGNATURE PAGE

By signing this document, you are agreeing to the following:

1/ I have read and understand the “Aude Geltzer, MA, LMHC Disclosure Statement” and I have clarified any questions I may have.

2/ I consent to treatment (or consent to treatment for my child) and agree to the terms above.

Client’s name _____

Client’s signature _____ Date _____

Aude Geltzer, MA, LMHC _____ Date _____