

# SMITHS STATION AND PHENIX CITY PSYCHOLOGICAL

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*Licensed Psychologist*

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## Our Agreement

I, the client/authorized person, understand that I have the right to not sign this form. I understand I can choose to discuss my concerns with you, the psychologist, before I start or the client starts formal therapy/testing. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during treatment/testing I have questions about any of the subjects discussed in this agreement, I can talk with you about them, and you will do your best to answer them.

I understand that no promises have been made to me as to the results of treatment/testing by this psychologist.

I understand that after therapy/testing begins, I have the right to withdraw my consent to therapy/testing at any time, for any reason. However, I will make every effort to discuss with you any concerns about progress, before ending therapy/testing. I understand that if I choose to terminate therapy/testing, I will only be responsible for paying for the services that I have already received or that fall within the below stated cancellation period.

**\*Please initial after the following acknowledgments. Thank you.**

- I. I know that I must call to cancel an appointment at least 48 hours (business days) before the time of the appointment. If I do not cancel or do not show, I will be charged for that appointment, as it will not be covered by insurance. **Initial** \_\_\_\_\_
- II. I have read or have had read to me, the issues and points in this agreement. I have discussed those points I did not understand and have had my questions, if any, answered. I agree to act according to the points covered in this agreement. I hereby agree to enter into therapy/testing with this psychologist (or to have the client enter therapy/testing) and to cooperate fully, to the best of my ability, as shown by my signature here. **Initial** \_\_\_\_\_
- III. I acknowledge that I have been provided a copy of the "HIPAA Privacy Rule" notice form, which provides me detail about practice and billing matters. **Initial** \_\_\_\_\_

\_\_\_\_\_  
**Your Name**

\_\_\_\_\_  
**Your Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Client's Name (if a child)**

\_\_\_\_\_  
**Client's Signature  
(if 14 years or older)**

\_\_\_\_\_  
**Date**

**\*\*DO NOT WRITE BELOW THIS LINE\*\***

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I, the psychologist, have discussed the issues stated above with the client/authorized person. My observations of this person's behaviors and responses gives me no reason to believe that this person is not fully competent to give informed and willing consent.

Eric Bloch, Psy.D.  
Licensed Psychologist  
Alabama, AL#1987

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Signature

Date