



216 N Michigan Ave, League City, Texas 77573  
Phone: 281-332-5100 Fax: 281-332-5155  
[www.psychology-resources.com](http://www.psychology-resources.com)

## Consent Form

Your signature below indicates that you have read the Psychologist-Patient Services Agreement made available to you either by our office staff, the TherapyNotes patient portal, or on our website at [www.psychology-resources.com](http://www.psychology-resources.com). By signing below, you acknowledge that you have read and agree to the terms of both the Psychologist-Patient Services Agreement and the HIPAA Notice form described in the agreement.

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Patient's Printed Name

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Patient's Signature/Date

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Parent's Signature/Date, if patient is under 18 years old