

General Information and Informed Consent Signature Page



RETURN THIS PAGE ONLY: PAGES 1-5 ARE YOUR COPY

My signature acknowledges my understanding and agreement with the policies and procedures described in pages 1-5 and my acknowledgement of the limits to confidentiality. Please return this signed document at your first session. You will be provided with a copy per your request.

Patient Printed Name

Patient Signature

Date

West Maui Counseling Center
Provider Signature

Date