

This Earthly House

4100 Summerhill Rd

Texarkana, TX 75503

903-232-3997

KETAMINE ASSISTED PSYCHOTHERAPY
INFORMED CONSENT FOR SERVICES

Polaris Insight Center-A Psychological Corporation

Welcome to This Earthly House!

This Earthly House's mission is to offer cutting edge, innovative mental health treatment for individuals suffering from a wide variety of psychological conditions as well as to provide services for those seeking personal growth, development, and self-actualization.

It is very important to us that all patients feel welcomed, safe, supported and respected, and we will address any concerns that might arise in this regard.

This Earthly House providers include physicians, psychologists, and marriage and family therapists. We are governed by certain laws and regulations and by a code of ethics. The ethics code requires that we make you aware of certain office policies that may affect you. Please take time to read this document as it contains important information about our professional services and business policies. It is also highly recommended for all prospective patients to read through the information on our website and the more detailed descriptions of ketamine's potential and properties as a medication, as well as the more detailed descriptions of ketamine assisted psychotherapy (KAP). Please feel free to ask any questions that arise. **By signing this agreement you agree and acknowledge that you have read and understand our Ketamine Information Package and any question and/or concerns you have regarding the services or this agreement have been answered and resolved to your satisfaction.**

Ketamine Assisted Psychotherapy

Ketamine assisted psychotherapy (KAP) is a relatively new and innovative psychiatric/psychological treatment approach, involving the combination of ketamine administration in a safe and supportive “set and setting,” inner-directed and supportive psychotherapy, and ongoing integration. The exact nature of the treatment process varies depending on the particular problems being treated and the specific individual’s needs and goals; we firmly believe in finding the most optimal way to support an individual’s growth, healing, and personal evolution.

Initial sessions will involve an evaluation of a patient: current problems, concerns, and needs; prior history and review of current or ongoing treatment; overall health/medical condition; and an assessment of the potential suitability and viability of this type of treatment for that patient. By the end of the evaluation period, we will offer our clinical impressions and recommended approach to treatment. The goals of therapy are always arrived at by **mutual collaboration**. These goals will be reviewed during the course of the treatment in order to assess and/or modify them according to changing needs, perspectives, and progress. Participation in this treatment may result in a number of benefits but there is no guarantee that this will occur.

During this assessment phase, it is important that we carefully consider whether or not we are the best provider of ketamine-related services, and if Ketamine Assisted Psychotherapy is the best approach for an individual’s specific situation. If indicated, a referral to a more appropriate provider will be recommended.

As with all medical and psychiatric care, including psychotherapy, there are both risks and benefits to pursuing treatment. Psychiatric care and psychotherapy are not exact treatments, and/or diagnostic procedures. The use of ketamine in combination with psychotherapy, i.e. KAP, constitutes an off-label treatment for depression, and it is important that the patient understand that KAP may not be effective in treating their depression. This treatment also may not be reimbursed by health insurance due to its status as a new treatment for depression.

When receiving treatment patients may sometimes find they **feel worse before feeling better**. KAP is a non-linear treatment process and individual responses

vary widely. If any questions or concerns about our work together arise at any point during treatment, please bring them to our attention.

Voluntary Nature of Participation

Your decision to undertake Ketamine Assisted Psychotherapy is completely voluntary. Your signature of the consent to treatment indicates that you have understood the benefits and risks of this treatment.

Discharge Instructions

The use of ketamine can impair one's sense of orientation and coordination, and these effects sometimes persist beyond the scope of the session. All patients at This Earthly House agree not to drive or operate any machinery for the rest of the day following their KAP session. If receiving treatment at the clinic, it is sufficient to have a friend or loved one plan to pick them up after their sessions or to take Uber, Lyft, or another ridesharing service home.

Confidentiality

Confidentiality is a foundation of the treatment in This Earthly House. The ethical standards of our profession require that our work remains strictly confidential with certain limits. This means that we cannot reveal any information about our patients, either verbally or in writing, to any other person or agency without specific written permission. There are certain situations in which we are required by law to reveal information obtained during therapy to other persons and agencies without a patient's permission. These situations include:

Child Abuse or Elder Abuse: we are mandated by law to report cases of suspected abuse or neglect of a child (anyone under age 18), dependent adult, or elderly person (adults over age 65) to the appropriate authorities.

Suicide: If a patient is in imminent danger of seriously hurting or killing him/herself, we may need to breach confidentiality in order to keep you safe. This may include informing friend(s), family member(s), doctor, or the appropriate law enforcement agencies that could aid in providing protection, safety, and other helpful forms of immediate treatment.

Homicide: If a patient threatens serious bodily harm or death to another person, we are required by law to inform the appropriate law enforcement agencies, to inform the intended victim(s), and to inform any other necessary individuals in order to prevent loss of life.

As Mandated by Law: For example, if we receive a subpoena, we may be required to submit your records as part of a legal proceeding. These situations are relatively rare, but if a similar situation occurs in your case, we **will make every effort to discuss it with you fully before taking any action.** At times, therapy may involve the participation of more than one family member and/or significant person(s). We will attempt to follow the patient's wishes, but we cannot guarantee confidentiality among participants in the family or couples therapy.

Consent to Participate in Research

Testing data may be used in research to determine the efficacy of KAP treatment. We will make every effort to use only the most essential demographic information for this purpose. No identifying information will be used. By signing this document, you are agreeing that your testing results and basic demographic data can be used for research.

Psychotherapy Consultation, Records Keeping, and Recording of sessions

Professional consultation is an important component of medical and psychotherapy practice. In order to provide the best possible treatment for you we regularly participate in clinical, ethical, and legal consultation and training with appropriate professionals. During such consultations we might talk about the content of our work together, but we will not reveal any personally identifying client information without an individual's written permission. We as well collect data measures to track your progress in therapy and we might use this data anonymously in research data collection for efficacy of KAP.

The laws and standards of our profession require that we keep treatment records. **These may include information about a patient's diagnosis, therapy goals, progress in treatment, documentation of mandated disclosures and other information.** All patients have a right to view their records or receive a treatment summary, unless doing so would be likely to cause substantial harm, endanger a

patient's life or physical safety, or pose a significant risk of harm to another individual.

Cancellation Policy

The scheduling of an appointment involves the reservation of time specifically for you. In order for therapy to be effective, it is important you commit to that time. If you are unable to attend your scheduled appointment, patients must **call 48 hrs** in advance or they will be charge **a full appointment fee**. The appointment may be considered cancelled if a patient arrives more than 15 minutes after the scheduled appointment time. Patients will be asked to keep a credit card on file and this will be charged for missed appointments without prior approval.

Professional Fees

Ketamine Assisted Psychotherapy is an **investment in you, your relationships, your family and your life**. Our fee is established by a combination of our education, knowledge, experience, expertise and time.

We reserve the right to periodically adjust our fees and you will be notified of any fee adjustment at least 2 weeks prior.

Our agreed upon fees are:

SERVICE	LENGTH	VIRTUAL FEE	IN OFFICE FEE
Medical & Psych Intake	120 minutes	\$300.00	\$300.00
Preparation Session	50 minutes	\$150.00	\$150.00
Integration Therapy	50 minutes	\$150.00	\$150.00
Relational low dose	75 minutes	\$200.00	\$200.00
Lozenge KAP	120 minutes	\$400.00	\$400.00
Lozenge KAP	180 minutes	\$600.00	\$600.00
Intramuscular KAP	180 minutes	\$n/a	\$600.00
Psych Eval Intake	90 minutes	\$350.00	\$350.00
Psychiatric follow-up	30-45 min	\$200.00	\$200.00

From time to time, we may engage in telephone contact with you for purposes other than scheduling sessions. You are responsible for payment of the agreed upon fee (on a pro rata basis) for any **telephone calls longer than fifteen minutes**. In addition, we may engage in telephone contact with third parties at your request. You are responsible for payment of the agreed upon fee (on a pro rata basis) for any telephone calls longer than fifteen minutes. You are responsible for

payment of the agreed upon fee (on a pro rata basis) for email exchanges that will take the provider longer than 10 minutes.

Payments are required at the time of your appointment, unless other arrangements have been made in advance. **If at any point in the course of treatment you are unable to pay your bill, please discuss with us as soon as possible.**

If your personal check is returned for insufficient funds you will be charged a \$50 fee.

Outstanding balances that remain unpaid for more than 15 days are subject to interest at a rate equal to 25% per annum of such outstanding balance. We have the option of using legal means to secure payment, including the use of collections agencies or small claims court. If such legal action is necessary, the costs of such proceedings will be included in the claim. In most cases the only information released about a client in such a process would be the client's name, the nature of the services provided, and the amount due.

Termination of Treatment

You have the right to end treatment at any time without any moral, legal or financial obligation other than those already accrued. And if you wish, we will provide you will referrals to other qualified professionals.

We, too, reserve the right to terminate treatment at our discretion. Reasons for termination include, but are not limited tom, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in treatment, client needs are outside of our scope of competence or practice, or lack of adequate progress in treatment.

Contacting the Center

Although we might not be always available immediately by phone, you can leave us a voicemail anytime at 903-232-3997. We check voicemail on a regular basis. We will make every effort to return your call on the same day, or by the next business day at the very latest, with the exception of weekends, holidays, and

periods that we have pre-arranged to be out of town. If you have an emergency, call 911, or proceed to your nearest emergency room.

Electronic Communication

It is important to be aware that email, text and fax communications can be relatively easy to access by unauthorized people which can compromise your privacy and confidentiality. We do not have email encryption capabilities. **If you choose to communicate confidential information to us via email, text or fax we will assume that you have made an informed decision and will view it as your agreement to take the risk that such communication may be intercepted.** Be aware that emails and text messages are part of the official medical record. **Please do not use email or text messages to communicate emergencies.**

Acknowledgement

By signing below you are acknowledging that you have reviewed and fully understand the terms and conditions of this agreement and that you have discussed any questions. You agree to hold This Earthly House free and harmless from any claims, demand or suits for damages from any injury or complications whatsoever, except for gross negligence of willful misconduct that may result from such treatment.

Your signature indicates that you have either received a copy of this agreement in person or by email, or have waived the right to receive a copy at your own insistence.

Signature of Client

Printed Name of Client and Date

Signature of This Earthly House Therapist

Printed Name of This Earthly House Therapist and Date

Covid-19 Addendum for Informed Consent

In response to the ongoing Covid-19 global pandemic and health crisis, this document outlines important information about treatment options in-person at our offices and services provided “at a distance” online with a telehealth platform, and it acknowledges risks and liability involved with these treatment options entail.

This document will stand as an addendum to the original Consent to Treatment document you signed before beginning treatment at This Earthly House.

Please read this document carefully and let us know if you have any questions.

By signing this document at the end, you are indicating that you have read, understood and agreed to its terms, it shall stand as our mutual agreement as YOU (patient/client) and WE/US/OUR (This Earthly House/Authorized Psychotherapists & Assoc).

A) In-person office meetings and distance telehealth meetings

- 1)** Meetings at our offices will be available only while city, county, state and federal health protocols allow them.
 - 2)** You understand that you will not be required to visit our offices. In consideration of COVID-19 health risks, you will have the option to choose telehealth “distance” meetings even while our offices are available for meetings.
 - 3)** Telehealth meetings will be made available with the understanding that certain conditions of safety and clinical assessment will be evaluated for these treatments to be deemed appropriate on a case by case and on a session by session basis.
 - 4)** If you have any concerns or questions about meeting through telehealth, you agree to discuss them with us.
 - 5)** It is important that you contact your insurance provider prior to beginning telehealth meetings to understand their reimbursement policies-and any applicable laws or regulations that may restrict or require insurance reimbursement-for the costs of telehealth sessions
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B) Requirements to Help Minimize Risks

To obtain services in person, you agree to the following requirements to help keep everyone (you, us, members of our respective households, and other patients, clinicians and associates) safer from exposure to COVID-19 that can potentially result in serious illness and death

Noncompliance with these requirements may result in the need to stop in office meetings in favor of “at a distance” telehealth meetings.

You understand and agree that This Earthly House may change our requirements without prior notice if revised local, state or federal orders or guidelines are published. If that happens, we will communicate as soon as practical to invite discussion of your questions and concerns, if any.

- 1)** If you have exhibited any symptoms of COVID-19, including yet not limited to fever, cough, body aches, fatigue, intestinal track issues, abdominal pain, diarrhea, a rash, swollen or discolored fingers or toes, tightness in the chest, and/or shortness of breath within the last 14 days, you will cancel or relocate your appointment to telehealth.
- 2)** You will cancel your in office appointment if you have tested positive for COVID-19 within the previous 30 days.
- 3)** You agree to take your temperature before coming to each in office appointment. If your temperature is elevated (100 degrees Fahrenheit or more), you will cancel the appointment or relocate the appointment to telehealth.
- 4)** If you wish to cancel for these health and safety concerns, the normal cancellation fee will be waived.
- 5)** You agree to wait in your car or outside the building (or in a mutually agreed upon safer waiting area), and not enter the office building earlier than 5 minutes before your appointment time.
- 6)** You agree to wear protective gloves while entering and leaving the offices.
- 7)** You agree to wash your hands or use alcohol based hand sanitizer before entering the office space, unless you are wearing protective gloves the entire time.
- 8)** You agree to adhere to the safe distancing guidelines in the waiting room or come to the appointment exactly on time to avoid spending any time in the waiting room.
- 9)** You agree to wear a mask in all areas of the offices until entering your session room at which time the options of wearing masks can be

- discussed and mutually agreed with your individual therapist. If you request to have the session with mask(s) off yourself, your therapist or both, this can be done only if remaining at least 6 feet apart and with the windows open and with some form of air circulation in the room. You have the right to ask your therapist to wear a mask during your session if you choose.
- 10) You understand and agree that typical social-physical contact such as shaking hands or hugging is restricted. However, therapists will be wearing a fresh pair of gloves for each session, and if mutually prearranged there may be physical assistance or supportive touch during the KAP session. At the end of any session where there has been even minimal physical contact, both members of the therapy do agree to vigorously wash their hands and use hand sanitizer.
 - 11) You agree that if you decide to remove my gloves during the session, you will safely dispose of them in the trash, and then immediately use hand sanitizer. At the end of the session, you will once again wash your hands with soap and/or hand sanitizer with vigorous rubbing before you put on a new pair of gloves.
 - 12) You agree regardless of wearing gloves or not, to try not to touch your face with your hands-especially your nose, mouth and eyes. If you do, you agree to immediately wash or sanitize your hands. There will be sanitizer available in the offices and it is highly recommended that you carry your own hand sanitizer with you at all times.
 - 13) You agree that you will provide your own pillow with a freshly laundered pillowcase and freshly laundered blanket(s) for the session in order to help minimize spreading of the virus.
 - 14) You agree that you will take all practical precautions between appointments to minimize your exposure to COVID-19.
 - 15) If a resident of your household or workplace tests positive for COVID-19-or someone with whom you have been in close physical contact tests positive for COVID-19-you agree that you will immediately inform us, through your therapist, so we can proceed more safely with treatment via telehealth.
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C) Response to Unexpected Concerns

In service to our commitment to keep you, us and all of our professional and personal associates safe from the spread of this virus, if you show up

for an in-person appointment and we believe you have a fever or other symptoms, or if we have any unverified concerns that you have been exposed, we will require you to leave the office, and you will have the choice to continue treatment by telehealth if appropriate.

If this happens, you will not be charged the cancelation or missed session fee that has been agreed upon in the past.

If your therapist or other This Earthly House associates, experience any symptoms of COVID-19, or test positive for the virus, we will be notified as soon as is practical, so you can take appropriate actions.

D) Practices at This Earthly House

Practices at our offices in response to COVID-19.

We are posting these new practices on our website and in the common areas of our offices.

Please let us know if you have questions or concerns about these new practices.

- 1) Office seating has been arranged in consideration for safer distancing.
- 2) Our staff will wear gloves throughout the day and change them after each treatment session.
- 3) Our staff will wear masks when in between treatment rooms, but can, with agreement and documented consent, remove masks ONLY during the treatment process and while maintain at least six feet of distance. Should physical support become necessary during a session, the therapist will use gloves and mask and use their arms while physically supporting you if practical. If this type of physical contact occurs, both therapist and patient/client will hands/use hand sanitizer as soon as is practical.
- 4) Our staff will maintain safer physical distancing.
- 5) The restroom soap dispensers are maintained and everyone is encouraged to wash their hands vigorously with soap for at least 20 seconds, then rinse thoroughly with running water, dispose of towels in the trash, unless wearing gloves for the entire treatment process.
- 6) Hand sanitizer that contains at least 60% alcohol is available in the common waiting area, treatment rooms and the restrooms.

- 7) Appointments will be scheduled at intervals that minimize the number of people in the office at any one time.
 - 8) We ask all patients to wait in their cars or outside, and to enter the building no earlier than 5 minutes before their appointment times.
 - 9) Credit card pads, pens and other areas that are commonly touched are thoroughly cleaned and disinfected before and after each use.
 - 10) Tissues and trash bins are easily accessed. Trash is disposed of on a frequent basis.
 - 11) Common areas are thoroughly disinfected at the end of each day.
 - 12) We will frequently open windows, air out rooms, ventilate and run fans in the offices and in each of the treatment rooms periodically throughout the day.
 - 13) Our staff will take precautions in their daily lives outside the clinic by practicing safer distancing and other precautions to help minimize the risks of contamination and infection.
 - 14) Our staff will regularly test for COVID-19, regardless of the absence of symptoms.
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E) Confidentiality in the Event You Test Positive for COVID-19

If in the past or future you test positive for the COVID-19, I may be required by city, county, state or federal law or regulation to notify relevant health authorities that you have been in the office. If I am required to report this, I will only provide the minimum information necessary for their data collection and will not go into any details about the reason(s) for your visits. By signing this form, you agree I may do so without an additional signed release.

F) Acknowledgment of Risk:

- 1) You acknowledge you are aware of the current coronavirus global pandemic and the ongoing public health crisis referred to in this document as COVID-19 and that COVID-19 has the potential to cause serious illness and death.
- 2) You acknowledge that traveling to and from our offices, and entering our office for treatment, puts you at risk of being infected with COVID-19.
- 3) You are aware that COVID-19 spreads invisibly from person to person. You are aware it may be passed from persons who have no symptoms and then subsequently be passed to another individual who can become

- seriously ill and potentially die as a direct or indirect infection of the COVID-19 virus; and that you may pass the virus to other persons without you first becoming ill or experiencing symptoms.
- 4) You acknowledge you have the option to avoid in-office meetings by using telehealth, and that you are free to seek out treatment from other mental health care organizations and providers.
 - 5) You acknowledge that current understandings of the virus, its modes of transmission, and its symptoms, are not fully understood nor is there uniform consensus on the best practices to reduce risks of infection of transmission.
 - 6) You acknowledge that important information about COVID-19 and discussion from multiple professional perspectives is widely available in the media and online. You acknowledge this document DOES NOT represent a complete identification of, or assessment of, the serious risks and harmful outcomes related to COVID-19.
 - 7) You agree that you will not rely on this document for your understandings of COVID-19's modes of transmission and the serious risks the virus presents to you, your household members, and all others with whom you come into contact. You agree that you will be solely responsible for your own understanding and practices for COVID-19 risk assessment and mitigation (risk reduction).
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G) In conclusion:

Addendum to Previous Informed Consent Agreement

This addendum supplements, and supersedes where relevant, the general informed consent/business agreement that we signed at the start of our clinical work together.

Release of Liability

In consideration of being permitted to voluntarily visit the office location of This Earthly House, you, for yourself, your heirs, personal representatives or assigns, do hereby release, waive, discharge, and promise not to sue This Earthly House and release it, its officers, therapists, employees and associates from liability from any and all claims resulting in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, your participation in this clinical practice and treatment(s).

Indemnification and Hold Harmless:

You also agree to indemnify and hold This Earthly House, its officers, employees, associates and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in this clinical practice and treatment(s) and to reimburse him for any such expense incurred.

Severability:

You understand and agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Texas that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

Arbitration:

All claims and disputes arising relating to this document are to be settled by binding arbitration in Texarkana, Texas. An award of arbitration may be entered in any court having jurisdiction.

Acknowledgement of Understanding:

You acknowledge that you are signing the agreement freely and voluntarily, and intend this to be, by your signature, a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature:

I represent that I have read, understand, and agree to this agreement's terms and conditions, and that am competent to freely and voluntarily execute this agreement.

Patient/Client:

Print Name

Patient/Client Signature

Date

This Earthly House

Print Name and Title

Authorized Signature

Date

INFORMED CONSENT FOR HOME KETAMINE LOZENGE TREATMENT

About Home Lozenge Sessions

This Earthly House offers the treatment option of home sessions with lozenges when considered appropriate and safe for patients who might benefit from this extended form of treatment. This mode of out-of-office ketamine assisted psychotherapy (KAP) extends from the standard Patient Consent to Treatment agreement made between the patient, the therapist and the entire This Earthly House team.

At home sessions are usually begun only after an intake and in-office sessions have established the therapy process. However, in special circumstances involving disability or other personal, medical, or societal conditions that prohibit the patient from coming to the office-including the COVID-19 crisis-we allow exceptions when we feel the benefit outweighs the requirements of the standard KAP protocol.

By signing this form, I, the patient, signify I have read, understand and agree to the following:

1. I have previously read, discussed with my practitioner, understood and agreed to its terms, and then signed the This Earthly House document.
2. I have reviewed This Earthly House's Home KAP Instructions for lozenge use. I agree to follow that document's directions which include using eyeshades, headphones (if possible), and a music soundtrack that follows the therapist(s) guidelines.
3. I have had the opportunity to discuss my questions and concerns with my KAP provider(s) about KAP home treatment, and any other questions related to ketamine and KAP, and I have received satisfactory answers.
4. I fully understand that the ketamine sessions can result in a profound change in consciousness and mental state and may result in some unusual psychological and physiological effects for a period of time.
5. I agree that I am to have nothing in my stomach for approximately 3 hours prior to my ketamine lozenge session.
6. I need to avoid using stimulants, benzodiazepines, and alcohol on the day of my lozenge session. It is also preferable to avoid these substances for about a day after the home session as well.

7. I agree not to engage in any driving or operation of machinery on the day of the ketamine lozenge session.
8. I understand that it is best to fully empty one's bladder just prior to taking the lozenges in order to minimize the likelihood of having to visit the bathroom during the home session.
9. I will stay in a slightly reclined or seated position while under the influence of the medicine. Lying completely flat on one's back is to be avoided; a moderate incline with pillows is safest (or on a recliner chair).
10. If not being monitored or supervised by another individual, I understand that it is extremely important to be careful about any movements and a potential loss of balance, for example when moving back and forth from the bathroom.
11. I understand that some people prefer to do KAP sessions completely on their own, and some prefer to have the support of a person present to assist with issues of physical safety while under the influence of the medicine. Each option has its own pros and cons and I have reviewed these with my provider. In the absence of a support person, it might be helpful to have pre-arranged with a friend, family member or support person to call after the session for support if needed.
12. I agree to strictly follow the dosing and scheduling instructions given by my providers.
13. I agree to get up from the reclined or sitting position at the end of the session very gradually. As the medicine appears to be wearing off, it might have a lasting effect that unexpectedly requires extra caution for physical safety. If after I have returned my regular daily routine, I experience a "wave" of the medicine's effect, I will return to a reclining or sitting position as soon as possible with safety and balance being my first priority.
14. I understand that I must keep my ketamine supply in a secure location, out of the reach of children pets, and I will not share this medicine with anyone. My lost or missing lozenges will not be replaced.
15. Prescriptions are refillable only on a scheduled basis with the agreement and oversight of This Earthly House team and the attending/prescribing physician.
16. I understand that if my providers have any concern about the safety of my home lozenge use, they reserve the right to terminate this prescription and refer me to appropriate care providers, or to insist on only in-office KAP sessions for the next phase of treatment.

17. I agree to send an email to my primary therapist(s) following each lozenge session (unless otherwise agreed to with providers, for example, once a week etc) to share with my therapist(s) about the process and outcome of my experience. I agree to report any benefits, challenges, and perceived risks to my therapist(s) within 48 hours after each home session unless otherwise arranged with my therapist(s).

18. If I think I am having a medical or psychiatric emergency I will call 922 or go to the nearest hospital.

19. I have discussed the risks and benefits of home based ketamine-assisted psychotherapy with my therapist(s).

By signing below, I signify that I have read, understand, and agree to the terms and conditions of this agreement.

Patient Signature

Print Patient Name

Date

Provider Signature

Print Provider Name

Date