

Kathryn Miller, LCSW, BCD Certified Anger Therapist

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Consent Form

Your signature below indicates that you have read the Patient Services Agreement and agree to its terms, and also serves as an acknowledgement that you have read the HIPPA notice form described in the agreement.

Client Signature (Parent, if client is under 18 years of age)

Date

Printed Client Name

Date

Printed Parent or Legal Guardian Name

Date