



SIGNATURE FORM

Thank you for reviewing LBP’s Clinical Service Agreement and Privacy Practices. Your signature on this form indicates that you have read these documents, understand the terms, and agree to abide by them. It further indicates your consent for treatment.

These documents will remain accessible to you online, may be printed at home, or at any time you can request to obtain a copy.

Please note, that in circumstances where a child is receiving services and parents are separated or divorced, both parents **MUST** sign.

Thank you kindly for choosing LBP.

(Patient’s Name)

(Parent/Guardian Signature)

(Date)

(Printed Name)

(Relationship to child)

(Parent/Guardian Signature)

(Date)

(Printed Name)

(Relationship to child)

LBP Staff

(Date)

