

The Office Of:
ELLEN DYE, Ph.D.

Clinical Psychologist

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Informed Consent

I have reviewed the Informed Consent for Treatment form and have discussed with Ellen Dye, Ph.D. any questions or concerns I have about her policies.

I agree to abide by the terms outlined in the Informed Consent for Treatment packet during my professional relationship with Dr. Dye.

I take full responsibility to pay for all services rendered by Dr. Dye including any legal testimony and outside consultations relating to Dr. Dye's work with me.

Signature of Client(s)

Date