

The Office Of:
ELLEN DYE, Ph.D.

Clinical Psychologist

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Informed Consent

I have reviewed the Informed Consent for Treatment information 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, my child, or the client I am financially responsible for.

Client/Parent/Guardian Signature

Date

Financially Responsible Party Signature
(if different from above)

Date