

**Dawn Huebner, PhD
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(603) 778-0408**

CLIENT INFORMATION AND SERVICE AGREEMENT

&

CONSENT FOR TREATMENT OF MINOR CHILD

Your signature indicates that you have read the CLIENT INFORMATION AND SERVICE AGREEMENT dated 06/10, MENTAL HEALTH BILL OF RIGHTS, and NH NOTICE FORM. Your signature testifies that you agree to all terms specified in these documents.

Your signature also indicates that you give your consent for your child to be seen by Dawn Huebner, PhD, with terms of treatment specified in the CLIENT INFORMATION AND SERVICE AGREEMENT.

Child's Name (print)

Date

Parent or Guardian Signature

Witness

INSURANCE RELEASE

Your signature indicates that you authorize Dawn Huebner, PhD to release personal information to your insurance company to secure additional sessions or help you with claims.

Child's Name (print)

Date

Parent or Guardian Signature

Witness