

**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, MENTAL HEALTH BILL OF RIGHTS, and NH NOTICE FORM – all of which are available on my website and in my office – and that you agree to all terms specified in these documents including charges for missed appointments and late cancellations.

Your signature also indicates that you give your consent for your child to be seen by Dawn Huebner, PhD.

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Child's Name (print)

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Date

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Parent Signature

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Parent Signature or Other Witness