

Nahal Delpassand, PsyD, PLLC

Licensed Psychologist
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512-454-3685

CONSENT FOR TREATMENT/NOTICE OF INDEPENDENT PRACTICE

As you may know, I share an office with the following providers:

- Dr. Melinda Longtain
- Dr. Suzanne Freid
- Jillian Zuboy, LPC
- Dr. Tom Anderson
- Dr. Travis Jones
- Dr. Joe Langford
- Dr. Pauravi Rana

Although I share office space with these providers, I am an independently practicing professional and share only office space with the above providers. I am completely independent in providing you with clinical services and I alone am fully responsible for those services. The providers above are also all independent practitioners and are fully responsible for their individual services. I have no responsibility for the billing of the above providers' services. I do not control or supervise the services that the above providers provide. I am not in partnership with any of the above providers. My professional records are separately maintained and no one else can have access to them without your specific, written permission.

The undersigned patient or responsible party (parent, legal guardian or conservator) consents to, and authorizes services, by Nahal Delpassand, Psy.D. These services may include psychotherapy, diagnostic procedures and other appropriate alternative therapies.

The undersigned understands that he/she has the right to:

1. Be informed of and participate in the selection of treatment modalities.
2. Receive a copy of this consent.
3. Withdraw this consent at any time.

Signature of Patient

Date Signed

Signature of Parent, Legal Guardian or Conservator

Date Signed

Signature of Witness (if appropriate)

Date Signed