

KATHRYN S. STEINMAN, PSY.D.
Licensed Psychologist

I have received the informed consent document covering an explanation of Kathryn S. Steinman, Psy.D.'s professional services and business policies.

I have received the document "Notice of Policies and Practices to Protect the Privacy of Patients' Health Information" from Kathryn S. Steinman, Psy.D.

Printed name _____

Signature _____

Date _____