

DR. JERRY BROWN

Doctor of Clinical Psychology
Licensed Marriage and Family Therapist
License # MJ6904

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1901 Newport Blvd Suite #272
Costa Mesa, Ca 92627
Phone 714 403-1100 Fax 949 574 2600
E Mail: drjerrybrownmft@gmail.com

CLIENT AGREEMENT

I understand the fee will be \$200 per session and session will be a 50 minimum in length.

I understand that I must notify Dr. Jerry Brown 24 hours prior to cancellation of an appointment or pay for the appointment time.

I understand that Dr. Jerry Brown will release no information to any outside source about me unless given specific permission to do so by me in writing with several exceptions:

This includes information pertaining to physical threats to others..

I understand Dr. Jerry Brown is required by law to report suspected child abuse or elder abuse.

I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT.

Patient
Signature _____ Date _____

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One more page

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PATIENT COPY

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