

**Kuadra Consulting Service, LLC**  
**Licensed Professional Counselor Provider**  
**4100 East Piedras Drive, Suite 262, San Antonio Texas 78228**  
**Telephone (210) 314-7687 : Cell: (210) 373-1701 : Fax (210) 314-7494**

**ATTESTATION FORM**

I have read the Notice Regarding Patient Records Privacy: Policies and Procedures document. My signature below indicates that I agree to its terms. I was given the opportunity to discuss this agreement and ask any questions to clarify information. I understand that I will be provided with a copy of this document upon request.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

My signature below indicates that I do not agree to its terms.

\_\_\_\_\_  
Signature

My signature below indicates that I am not able to sign as I do not understand its terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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I have read the Psychotherapist-Patient Services Agreement document. My signature below indicates that I agree to its terms. I was given the opportunity to discuss this agreement and ask any questions to clarify information. I understand that I will be provided with a copy of this document upon request.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

My signature below indicates that I do not agree to its terms.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date