



1915 S G ST, Richmond, IN 47374
Phone: 765-960-0942
www.abcresources.life

Consent Form

Your signature below indicates that you have read the Psychologist- Patient Services Agreement and agree to its terms, and also serves as an acknowledgement that you have read the HIPPA notice form described in the agreement. It also indicates that you consent to receiving services at ABC Resources and that you allow our office to bill for these services either through you directly or through a third party.

Patient's Printed Name

Patient's Signature/Date

Parent/Guardian's Signature and Date, if patient is under 18 years old or has a guardian