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CONSENT FOR THE COLLECTION OF PERSONAL INFORMATION

I understand that to provide me with psychological services Dr. Gina Madrigrano will collect some personal information about me (e.g., address, telephone numbers, email, personal concerns).

I have been explained about the Privacy Policy about the collection, use and disclosure of personal information, steps taken to protect the information, and my right to review my personal information. I understand how the Privacy Policy applies to me. I have been given a chance to ask any questions I have about the Privacy Policy and they have been answered to my satisfaction.

I understand that there are some rare exceptions to the commitments.

I agree to Dr. Gina Madrigrano using and disclosing personal information about me as set out above and as explained by the Privacy Policy.

Client's signature (or legal guardian)

Date

Printed Name

Dr. Gina Madrigrano
Psychologist

Date