

Paperwork to Be Completed For & Submitted TO

Stephanie Straeter, Ph.D.

Licensed Clinical Psychologist & Certified Health & Wellness Coach

Prior to First Session Via email (by scanning and Securely emailing to [straeterPHD@Gmail.com](mailto:straeterPHD@Gmail.com)) or fax to: 866-545-4568

* Please read the *Telemedicine Informed Consent* pages 3 - 5 and **sign & date page 5** (These policies will be discussed in more detail at the beginning of our first appointment)
* Please read the *Notice of Privacy Practices* pages 6 – 9 and **sign and date page 10**, the *Acknowledgement of Receipt of Notice* page
* Please read and complete information requested in the *Adult Comprehensive History and Questionnaire Forms,* pages 11 – 27 and **sign and date page 28**
* If planning to use insurance to partially cover my services as an out of network provider now or in the future please **complete page 29** to the best of your knowledge



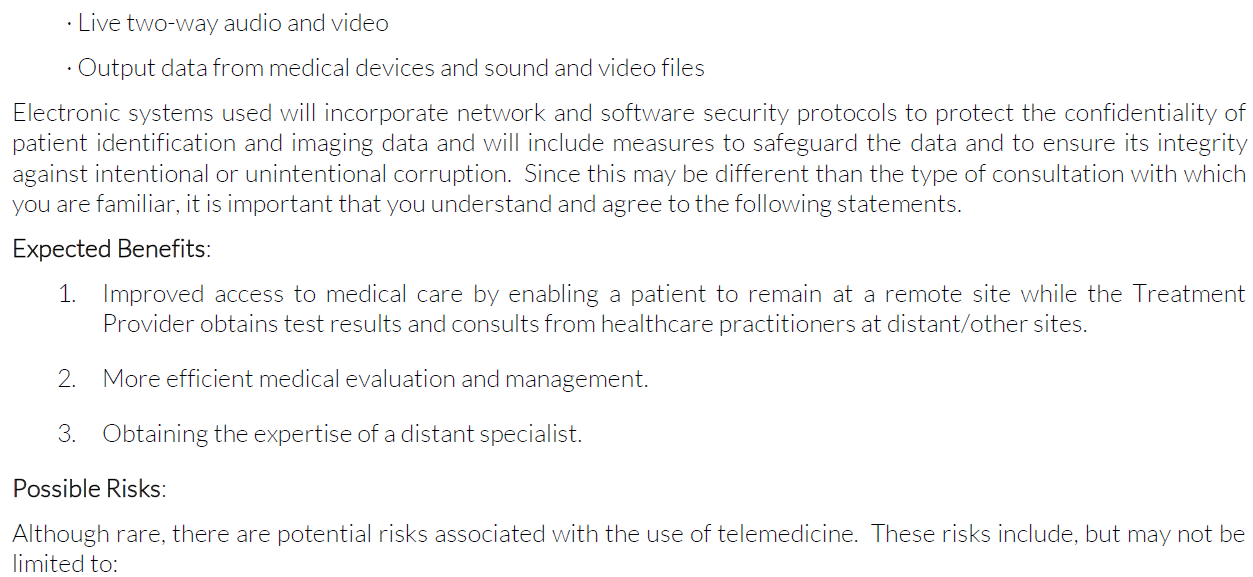
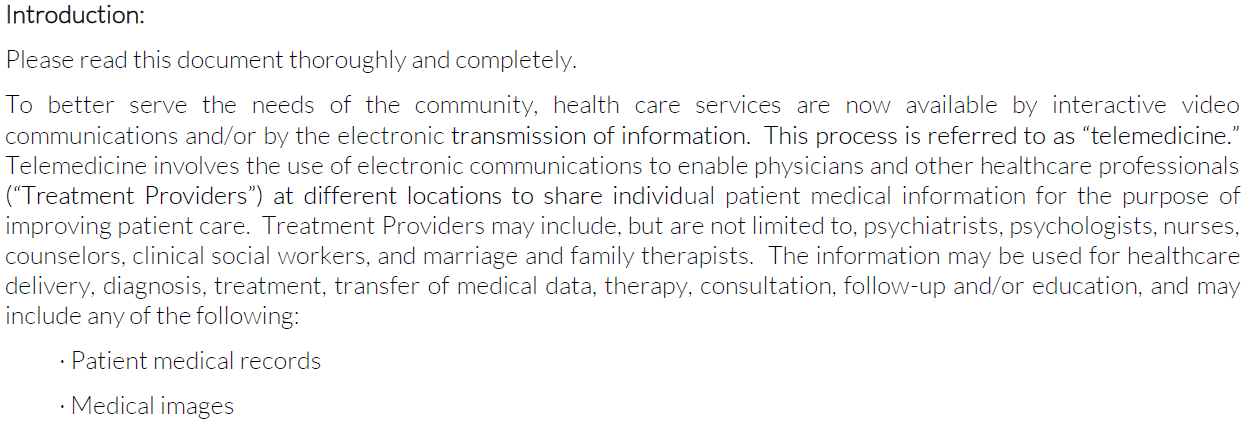
Telemedicine Informed Consent

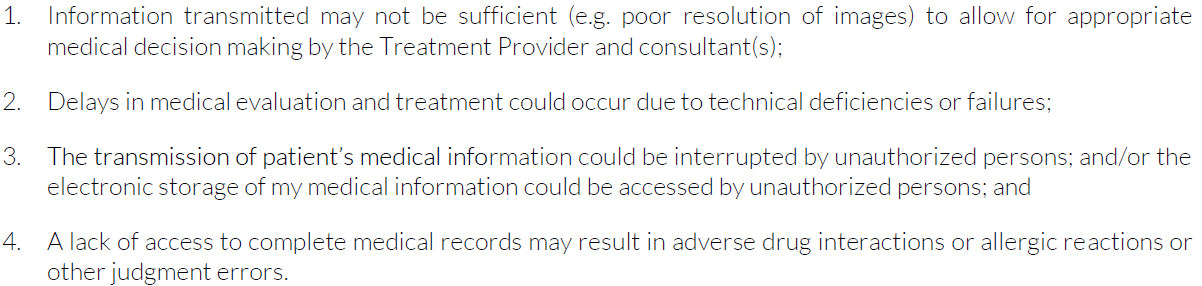
Stephanie V. Straeter PhD.

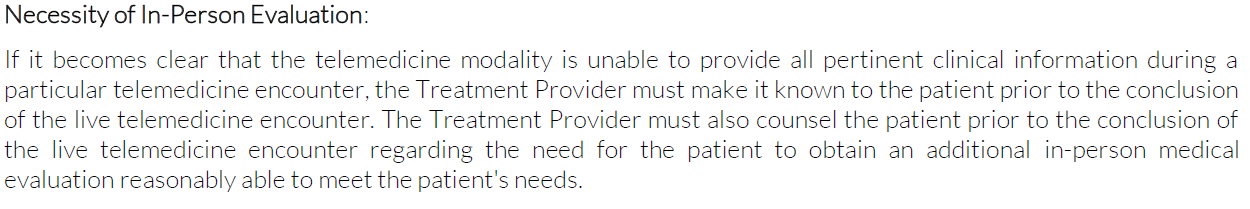
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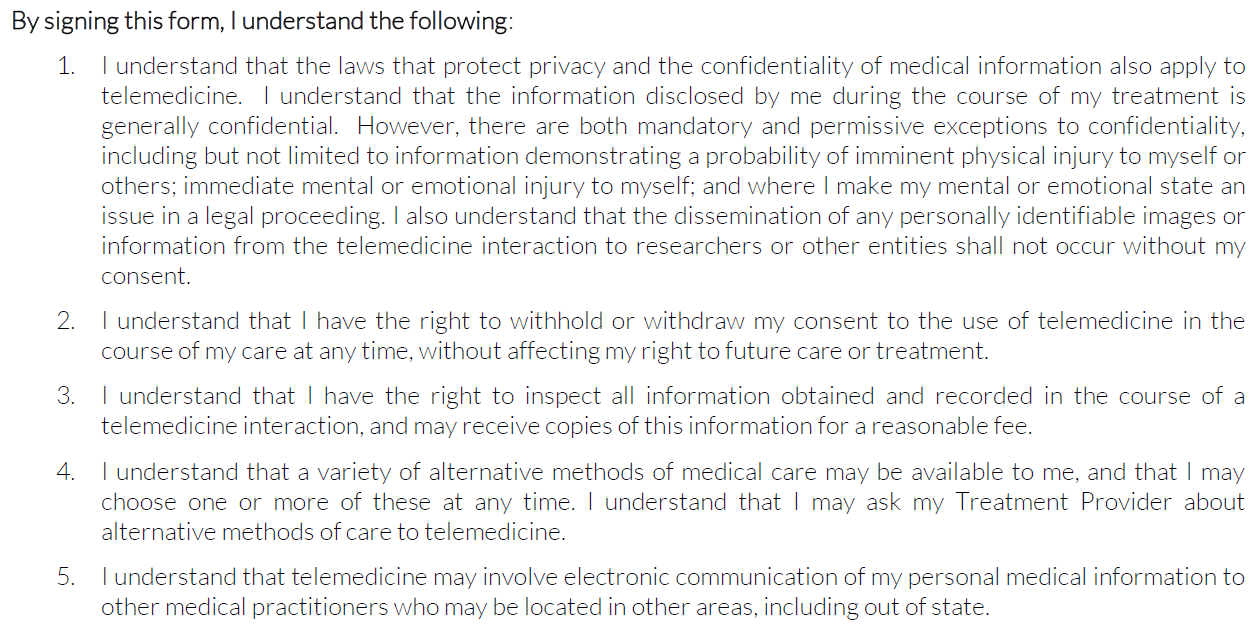
Straeterphd@gmail.com

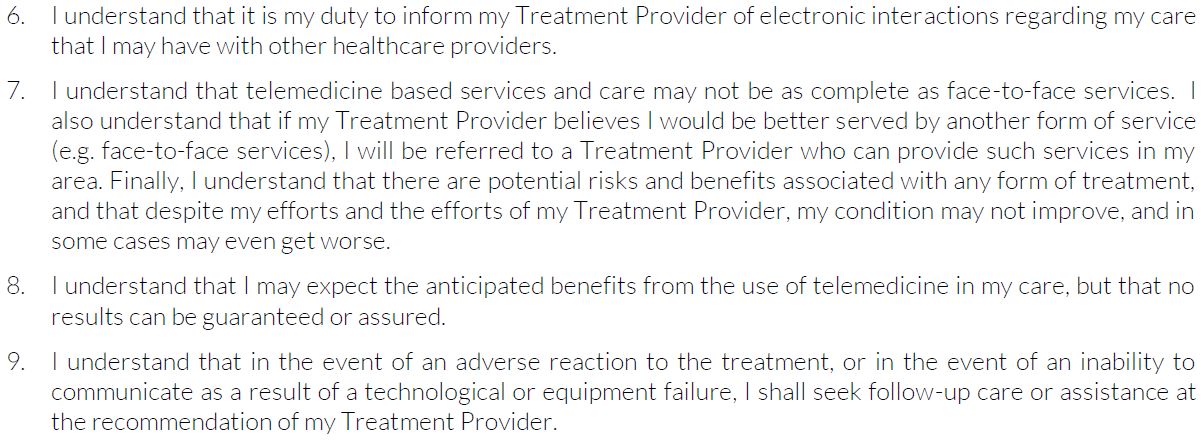
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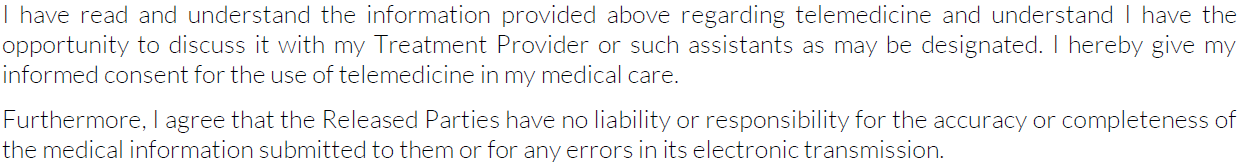








In cases of emergency, do not use Stephanie V. Straeter. Instead call 911 immediately.



I hereby authorize Stephanie V. Straeter to use telemedicine in the course of my diagnosis and treatment.

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Signature Date

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Printed Name

**All appointments must be changed or cancelled 24 hours in advance to avoid a $75.00 charge.**

**Payment of Fees for Service:**

1. Payment is due the day the services are rendered.

2. I accept cash, check or credit card via PayPal.

3. If a check is returned for insufficient funds, you will be required to pay any bank service charges in addition to the check amount.

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Printed Name

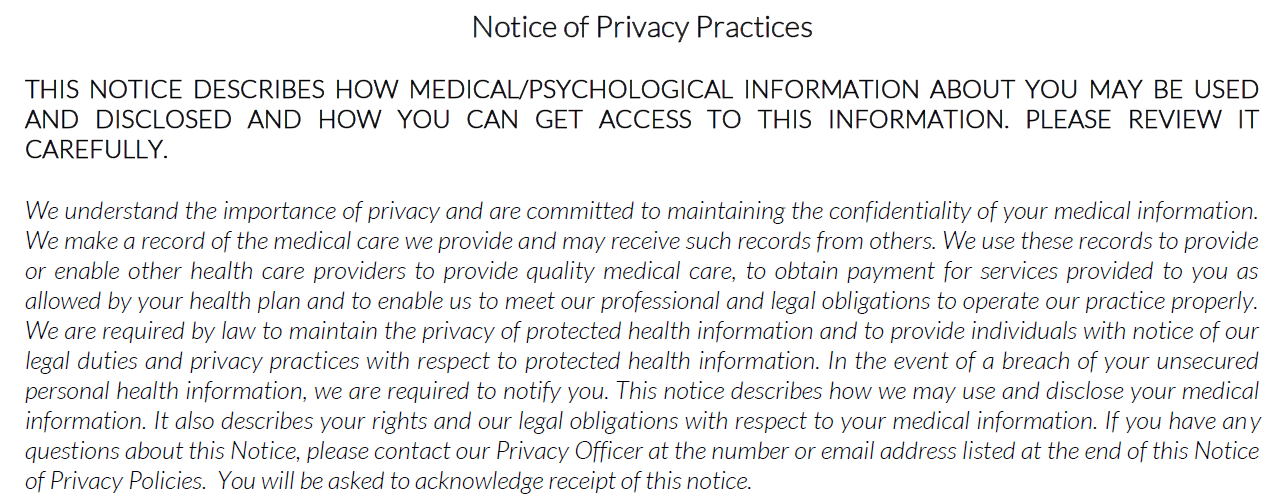


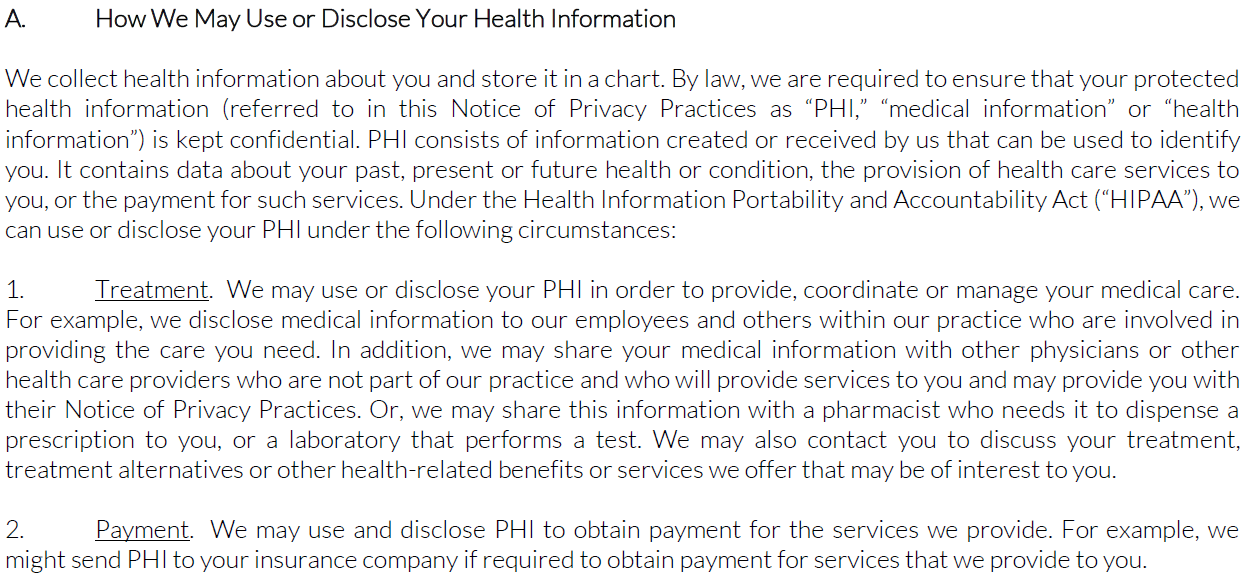
Stephanie V. Straeter PhD.

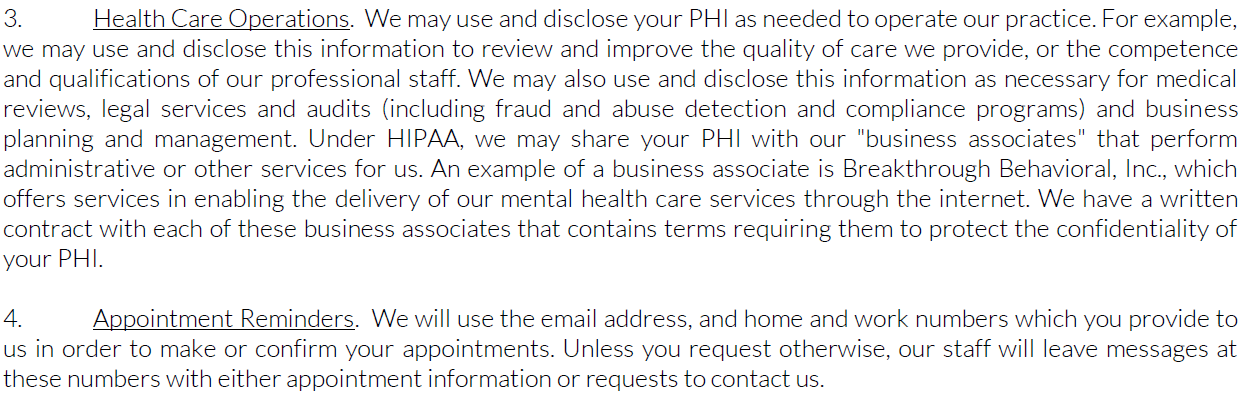
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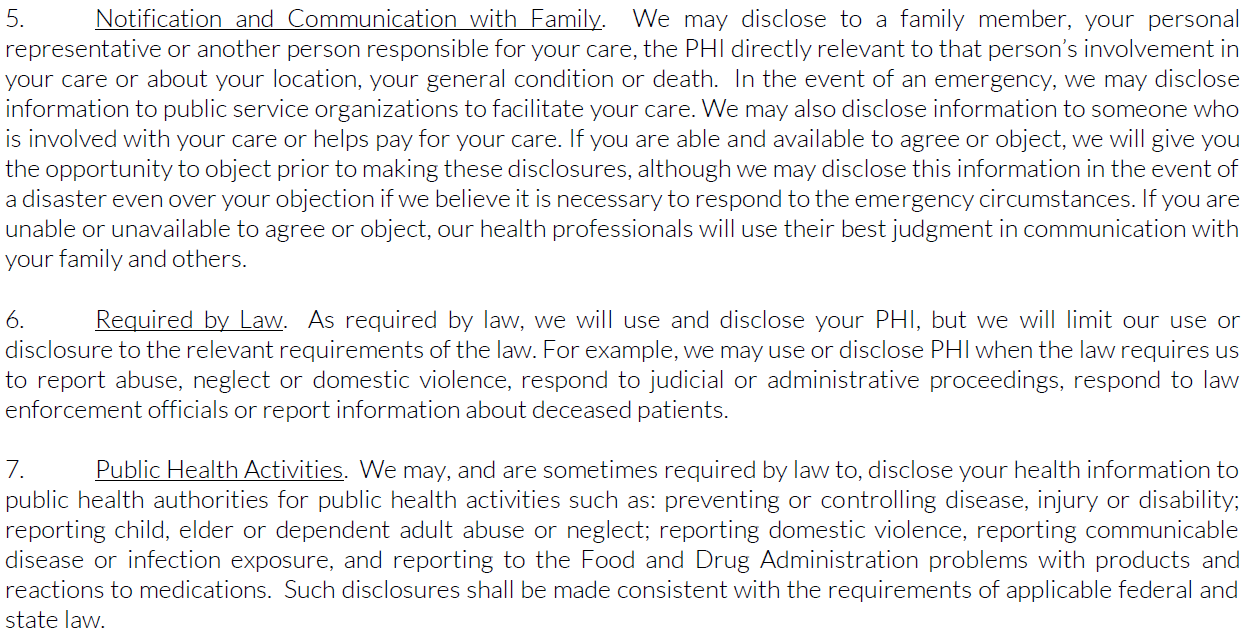
Straeterphd@gmail.com

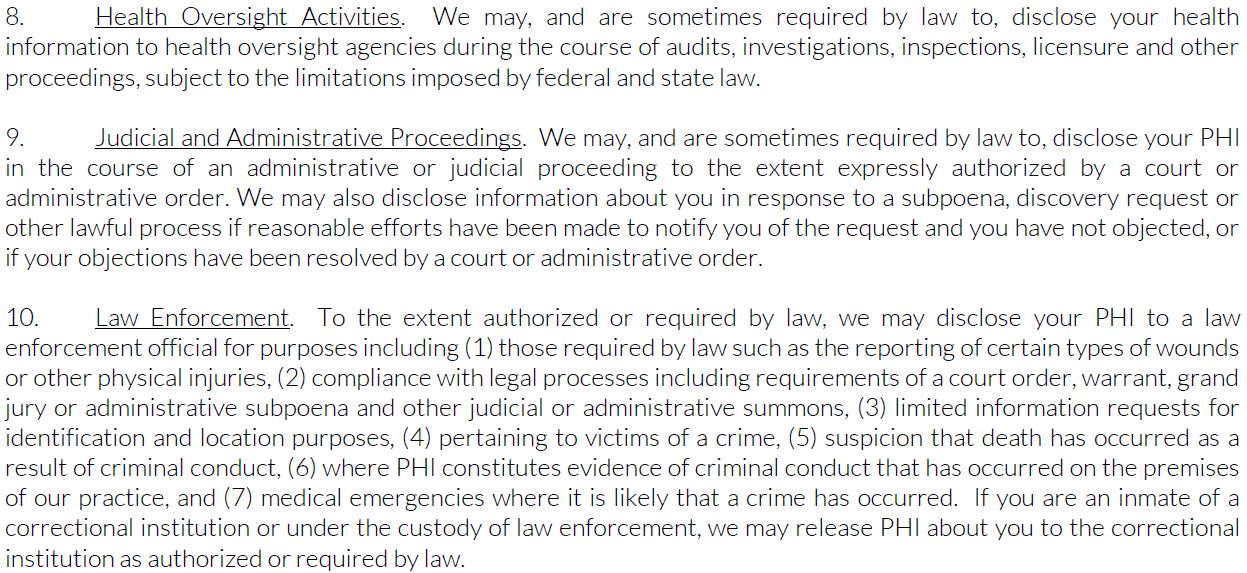
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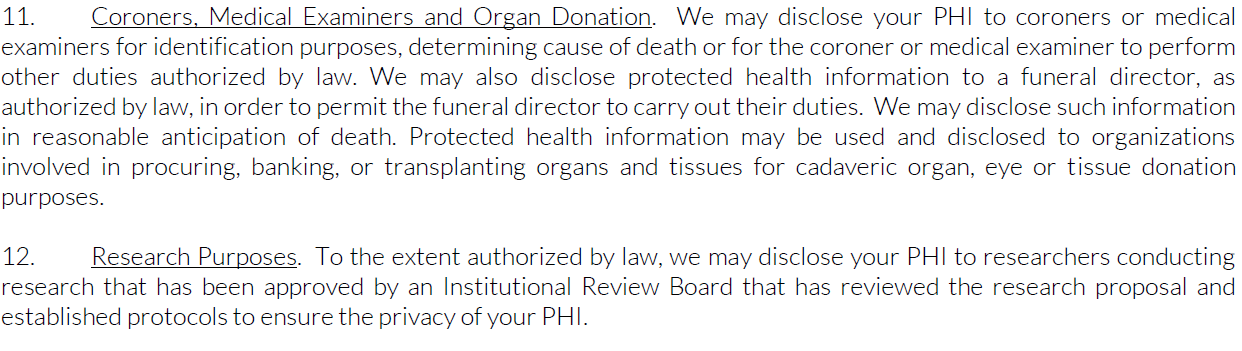


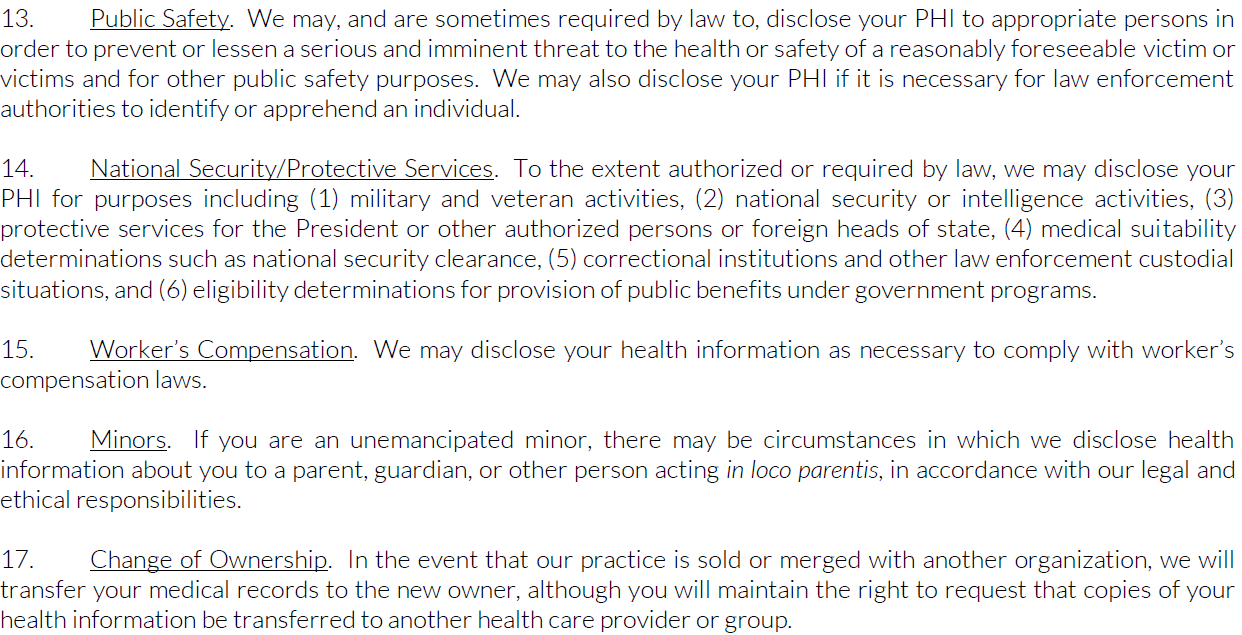


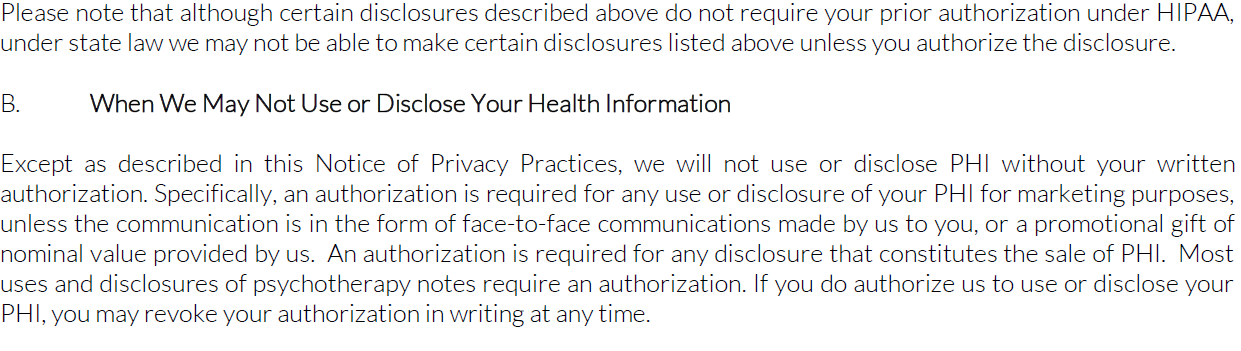


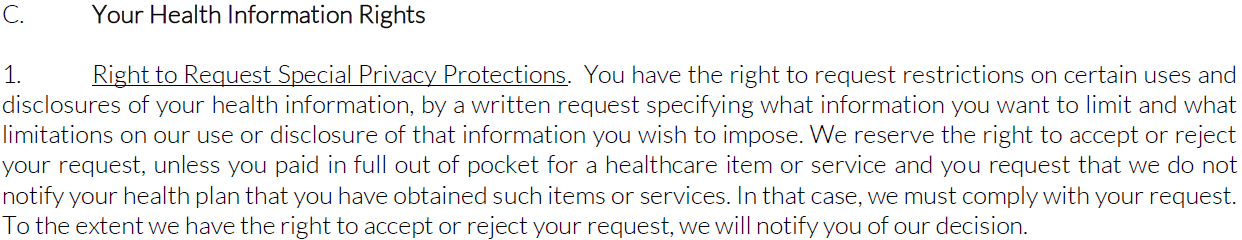


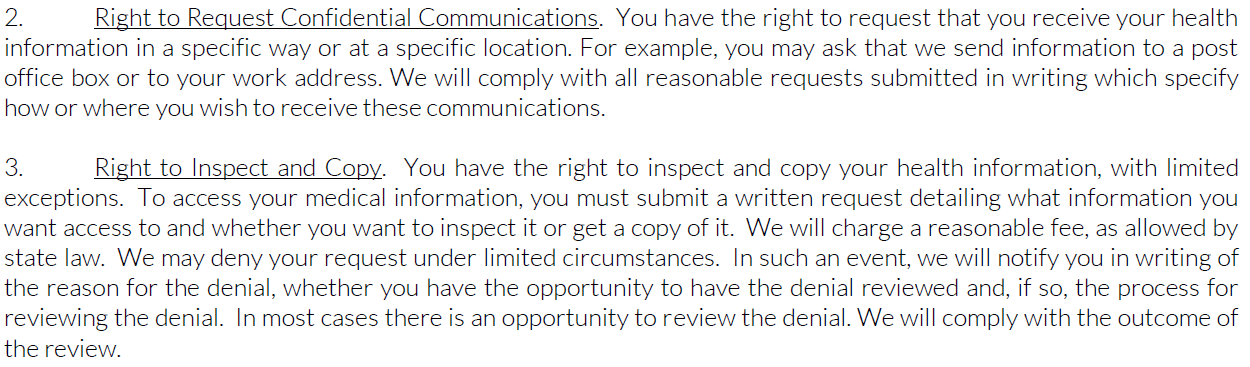


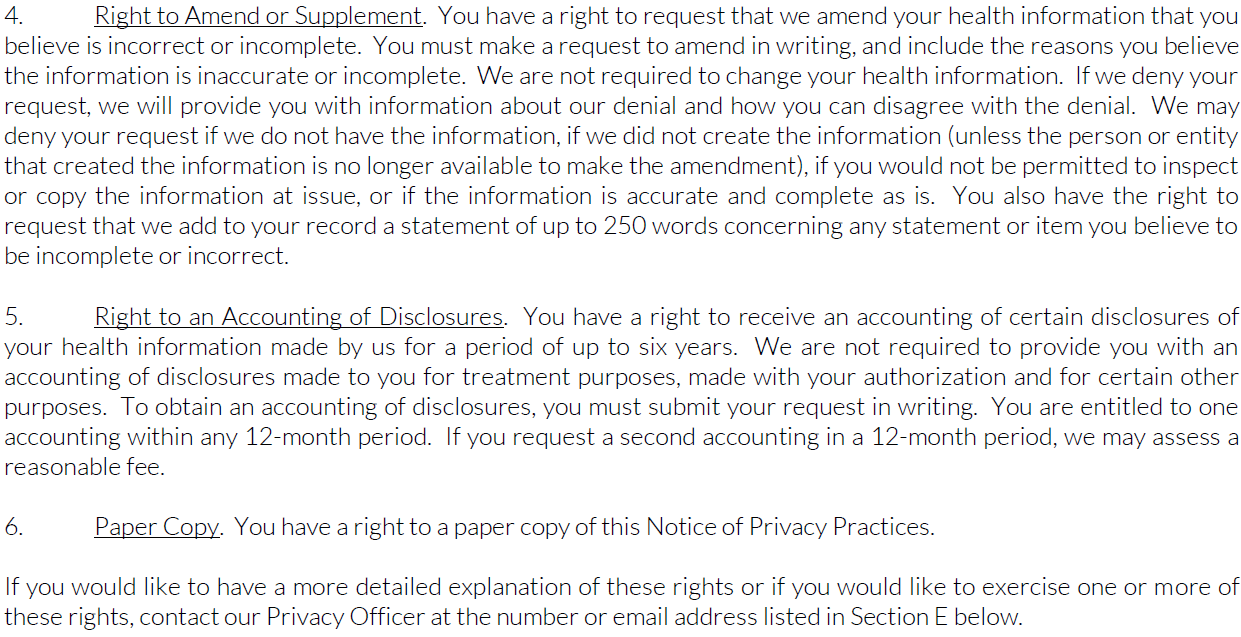


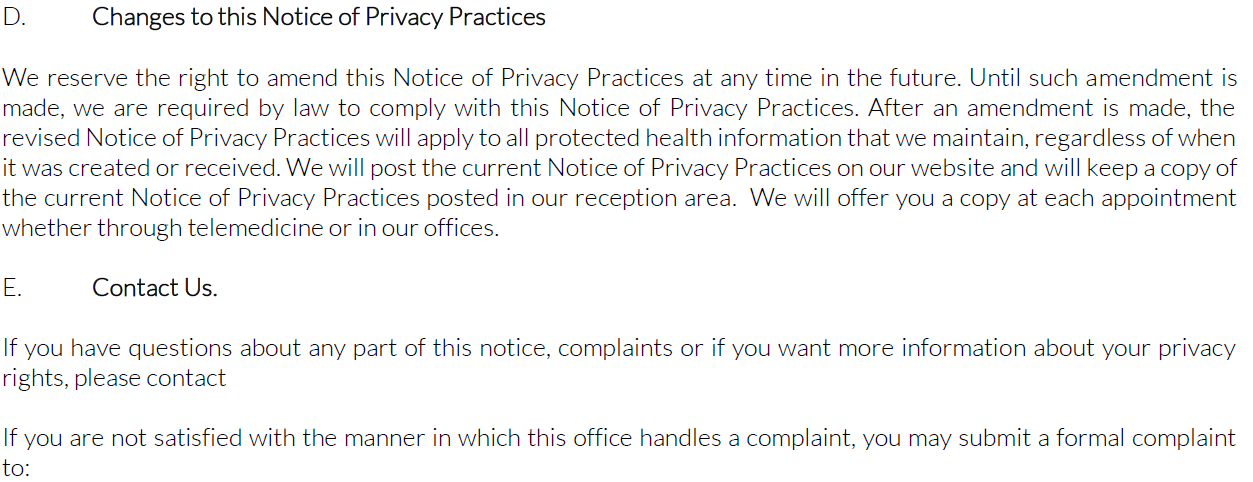


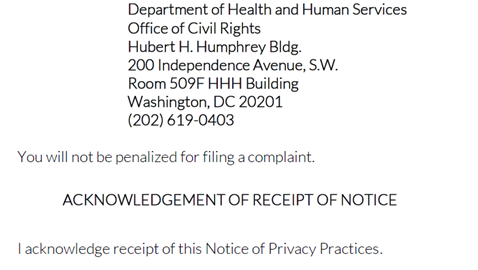










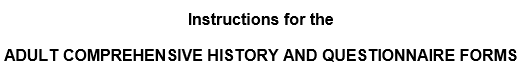


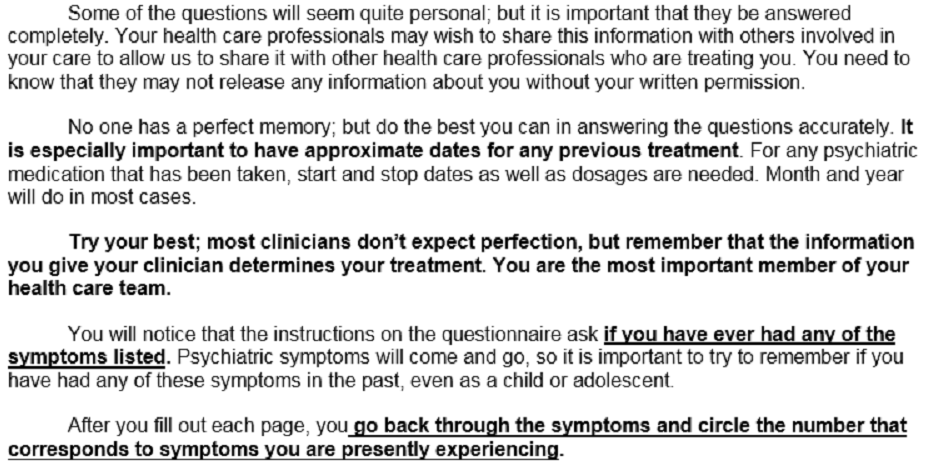
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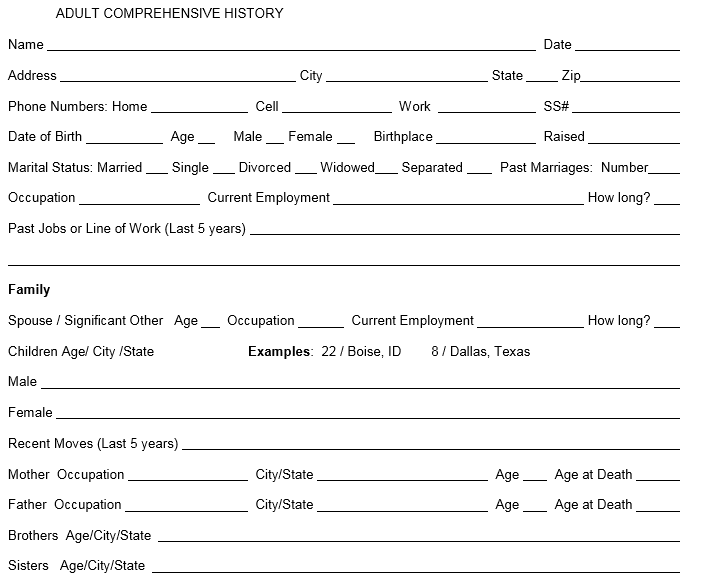
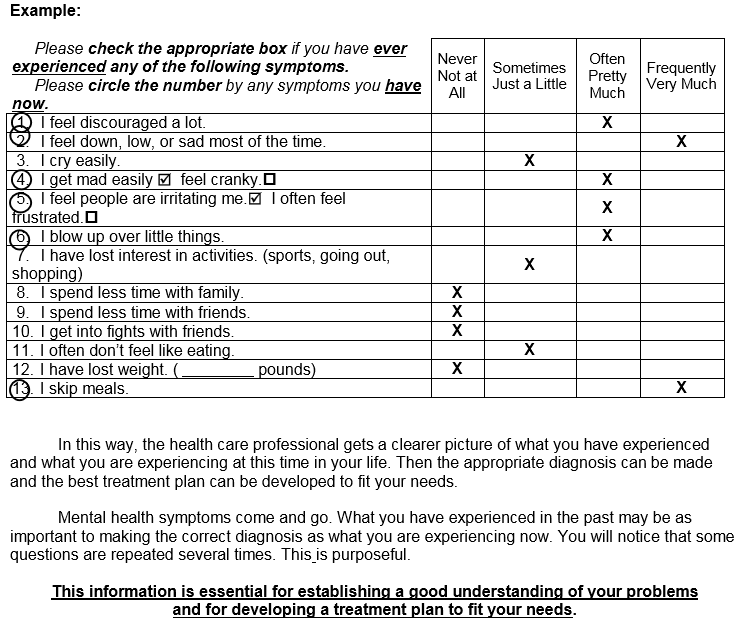
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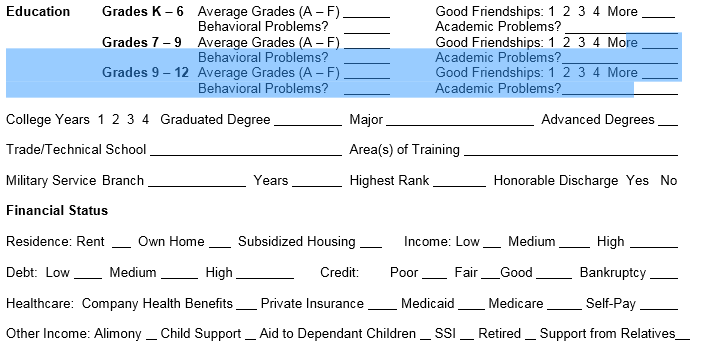
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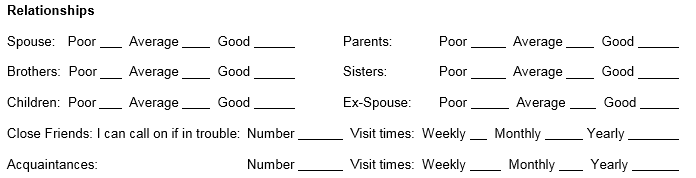
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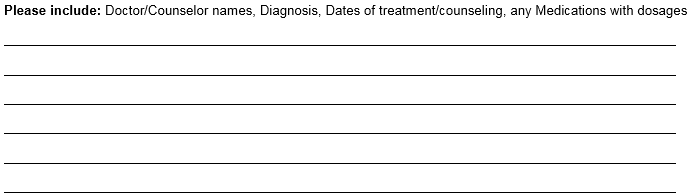
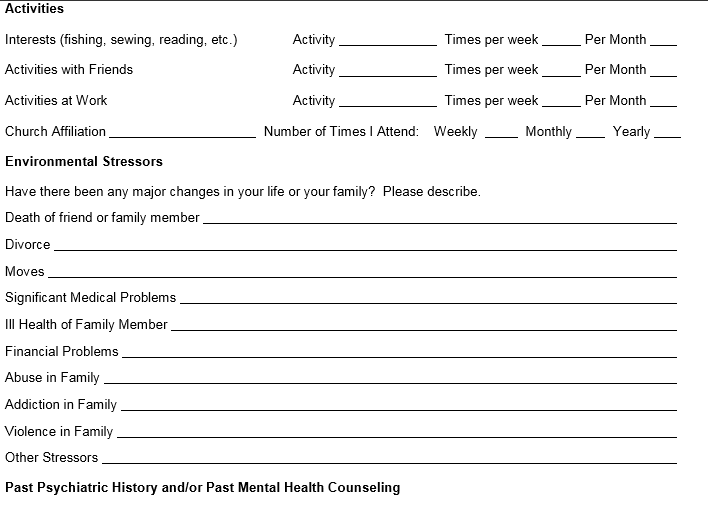


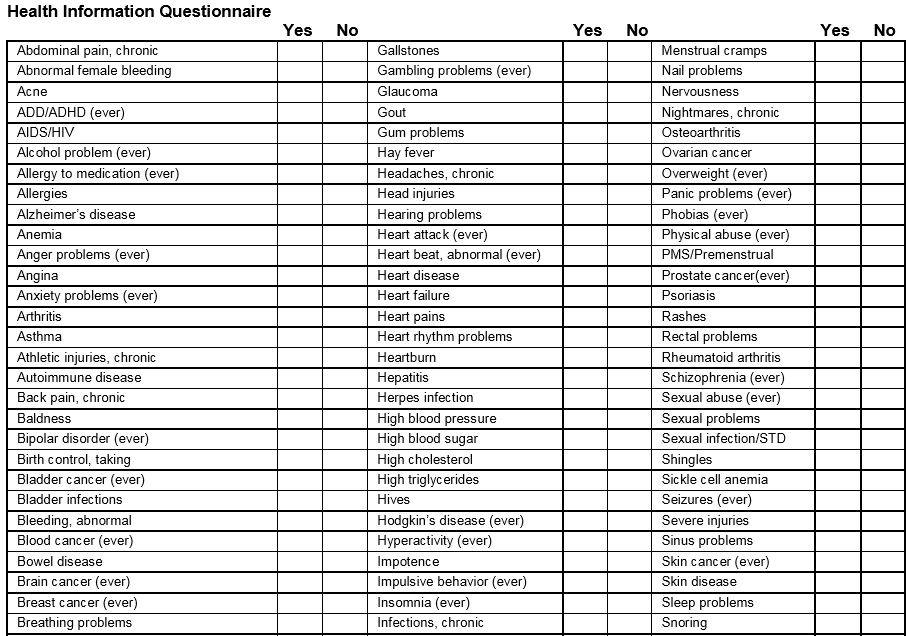


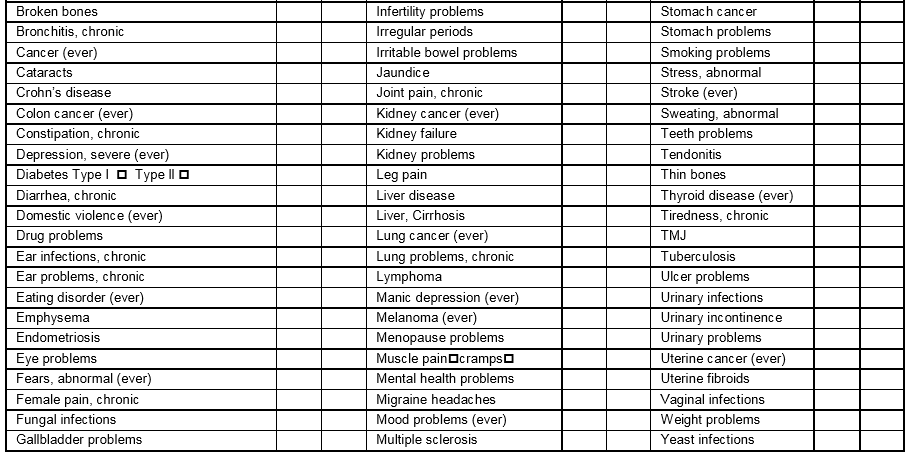


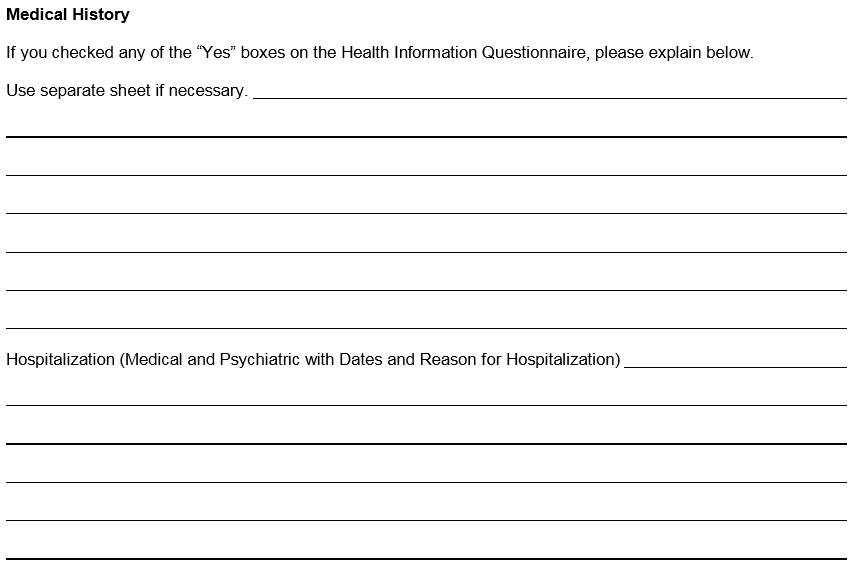


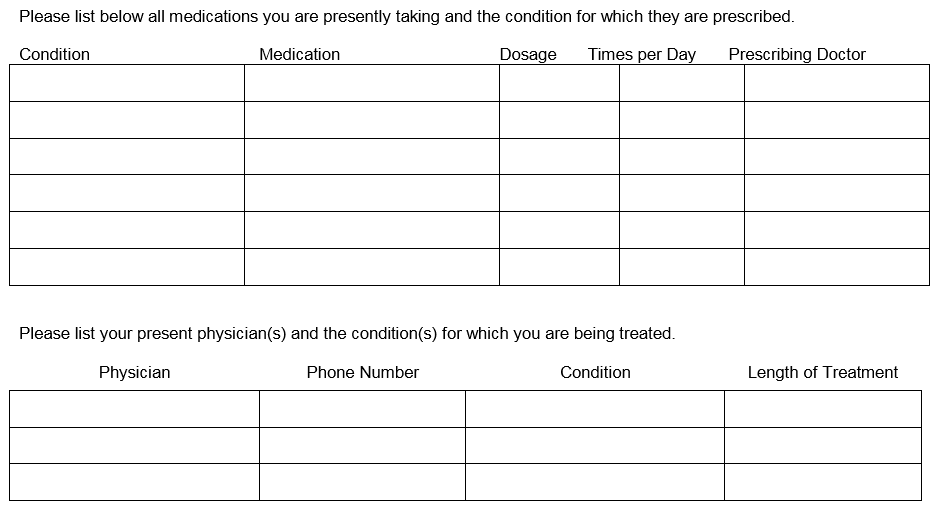


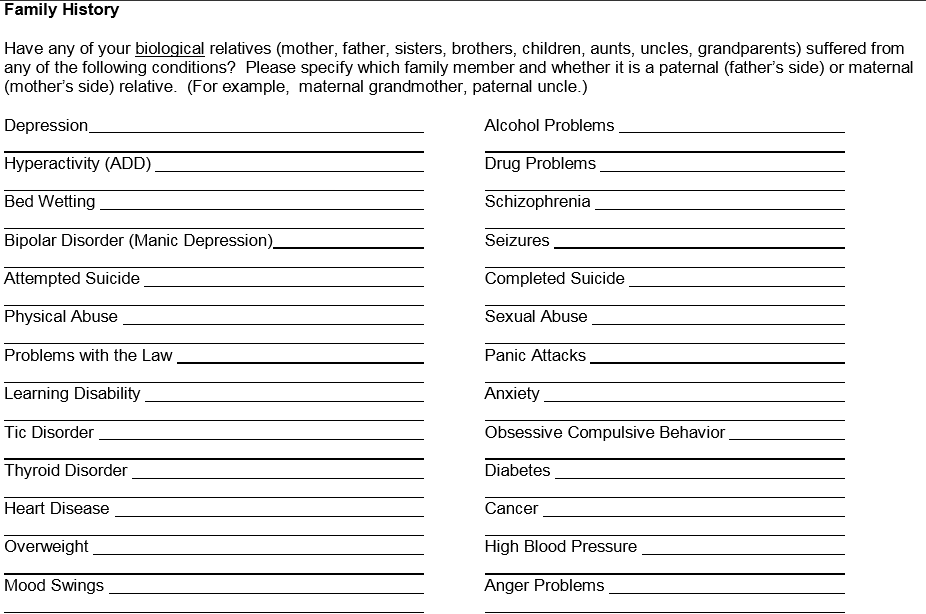


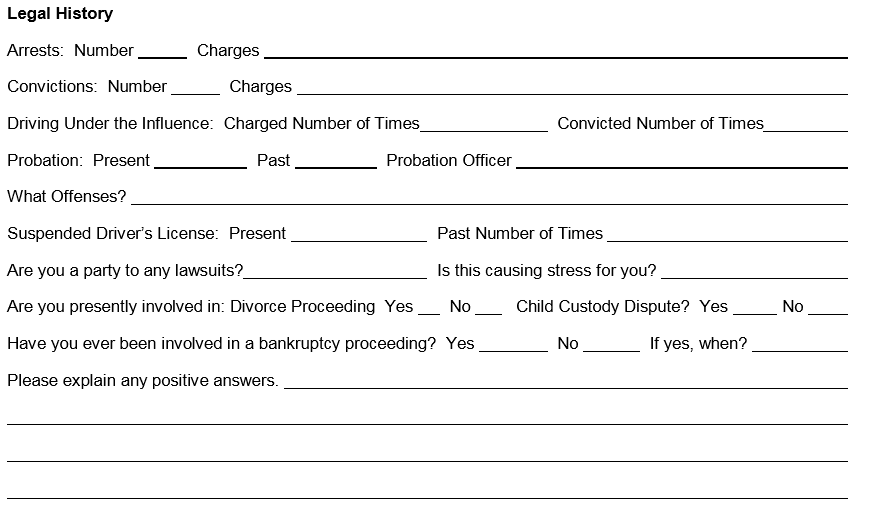


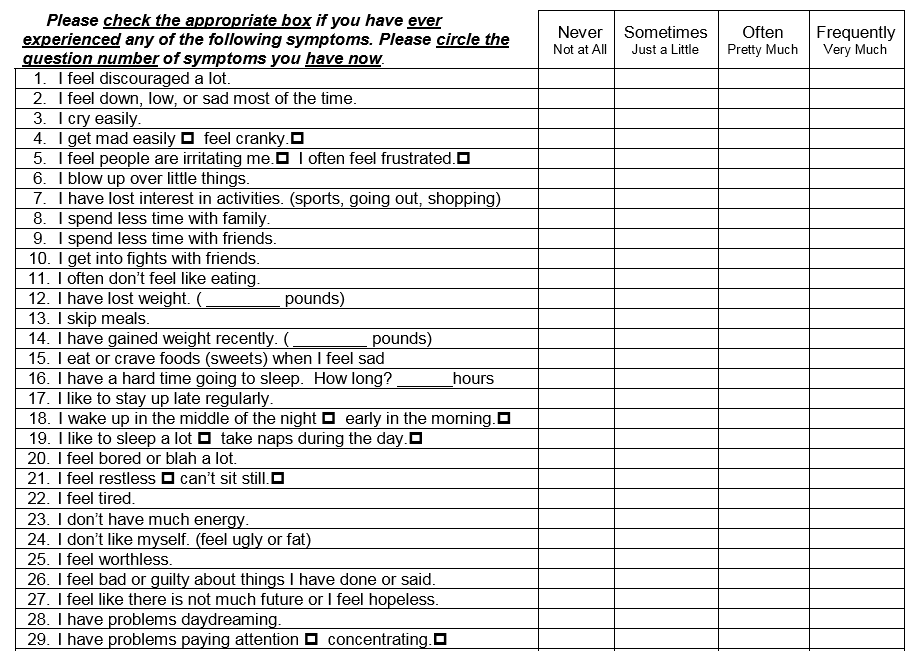


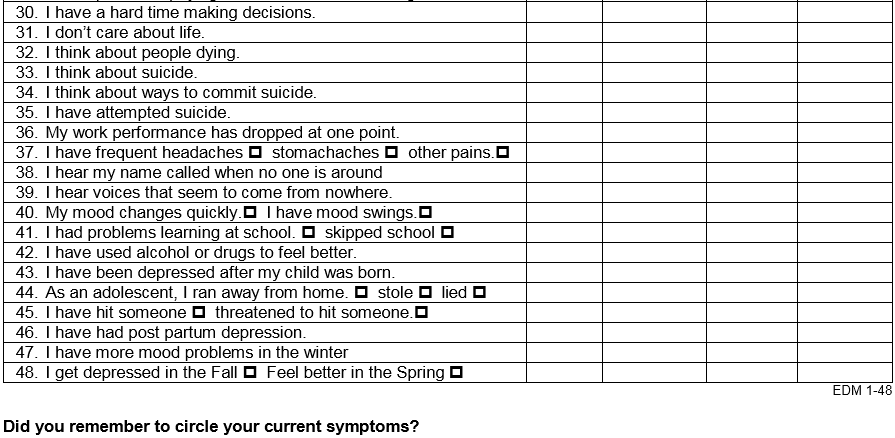


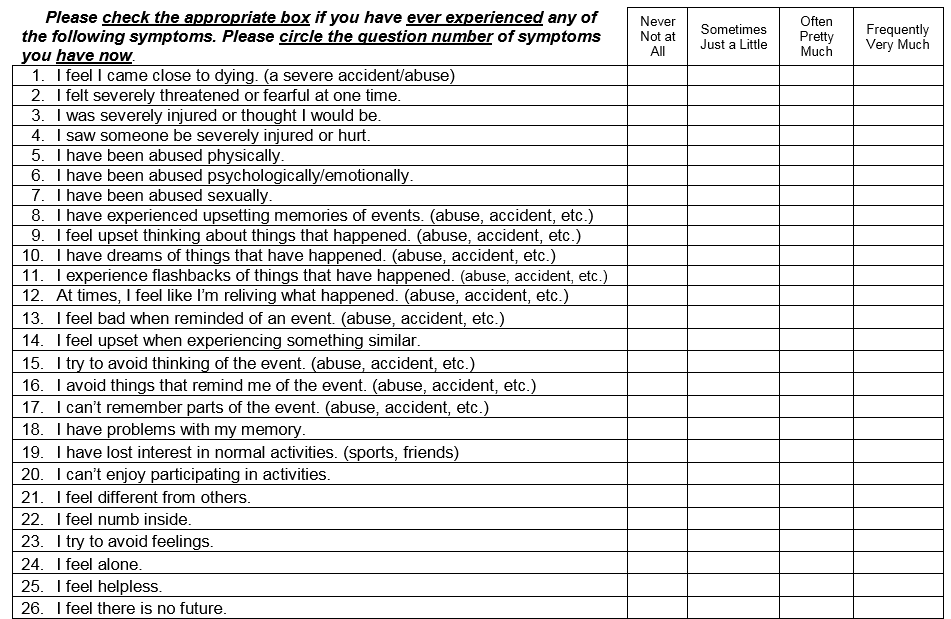


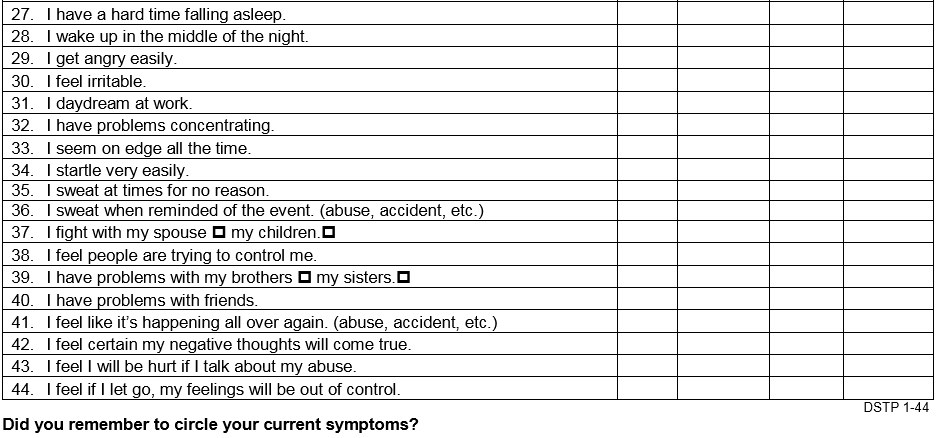


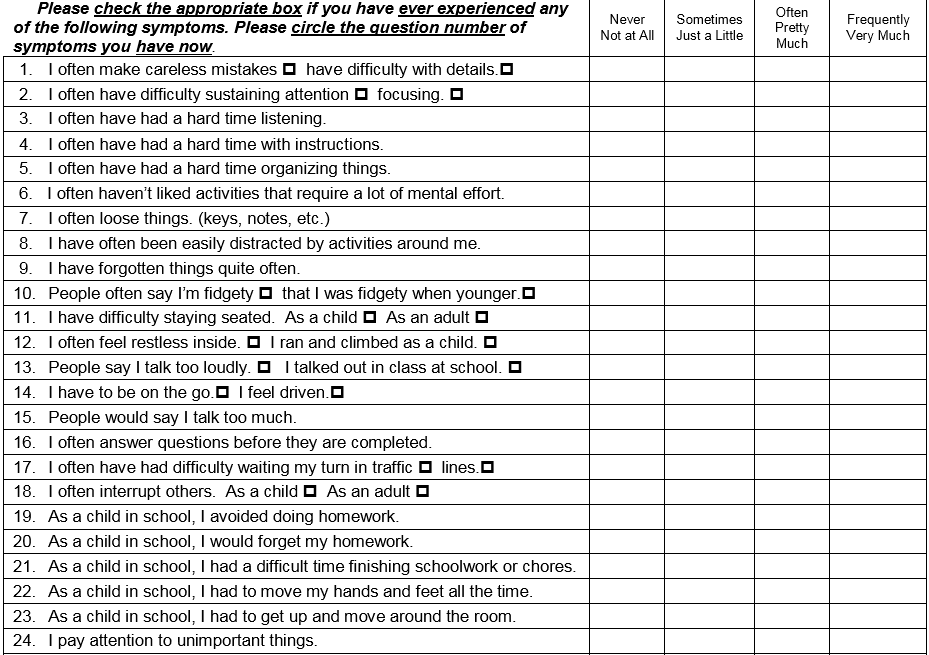


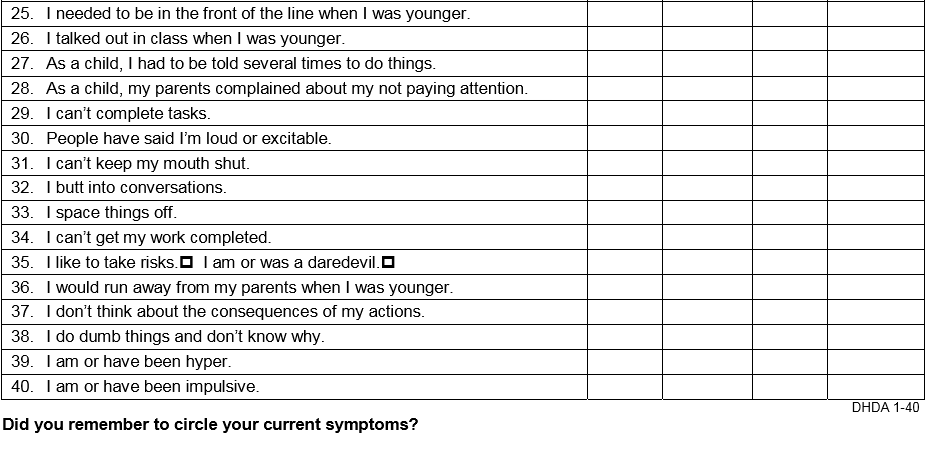


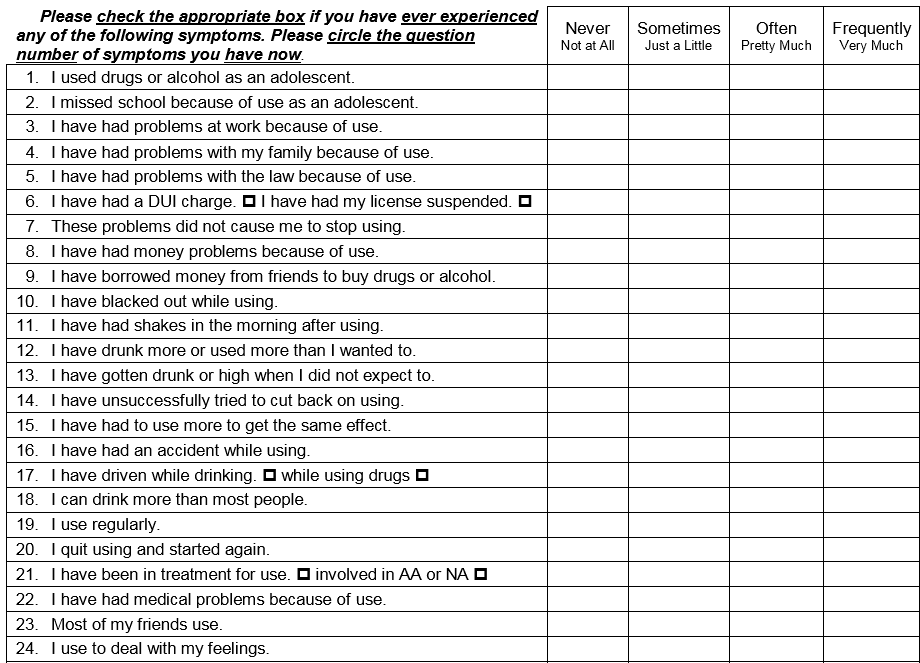


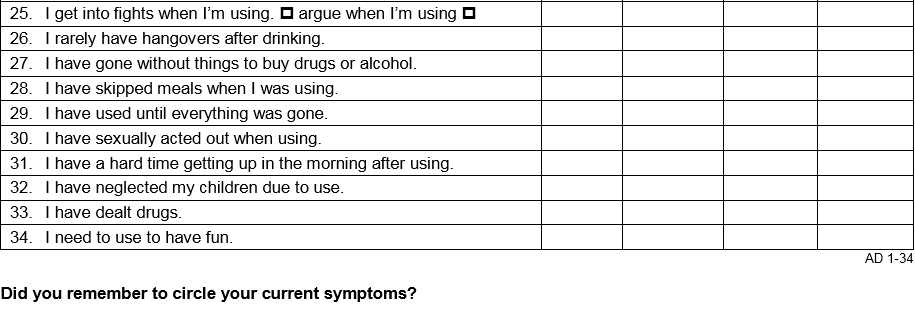


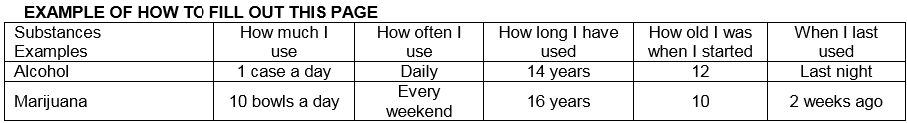
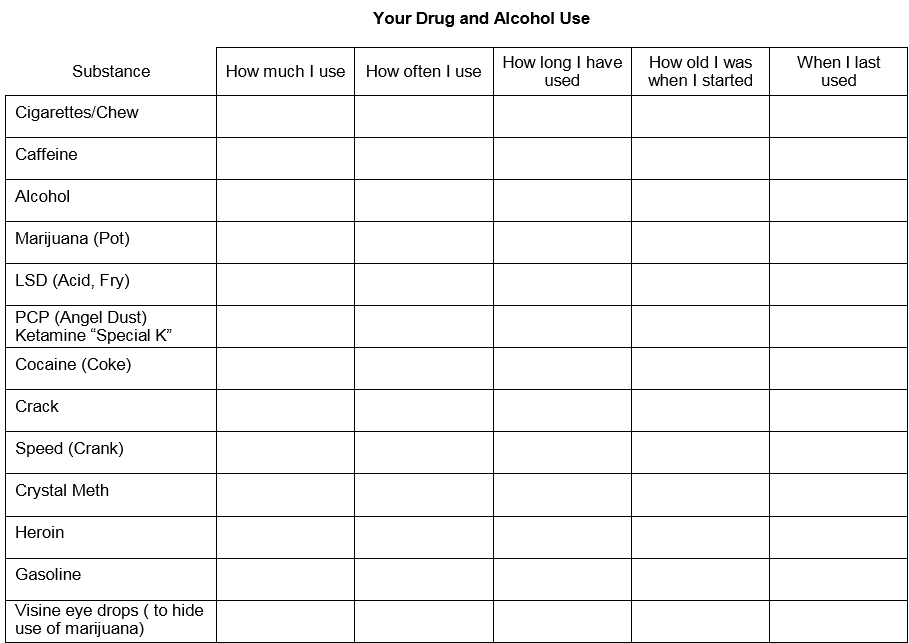


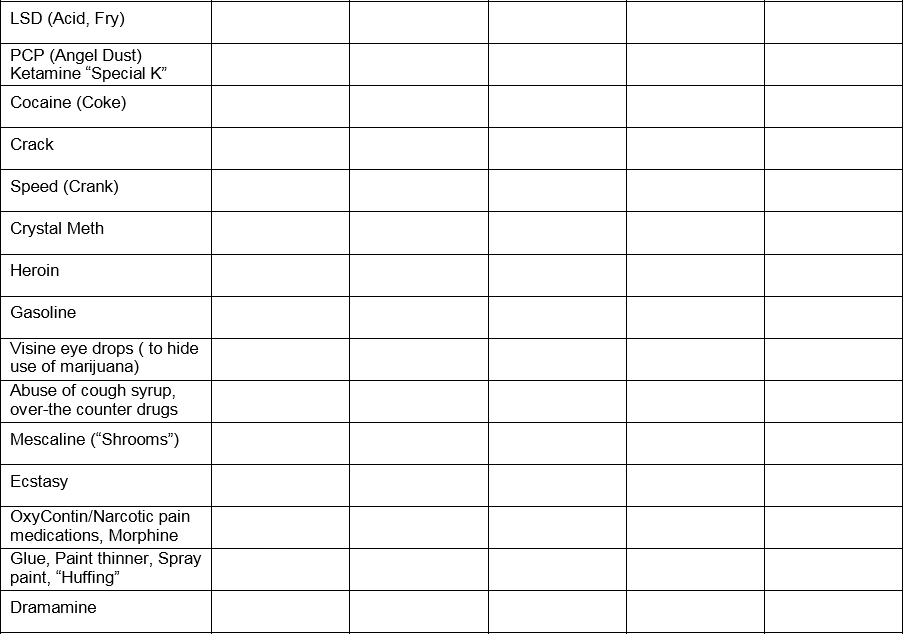


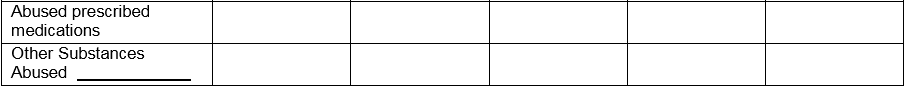


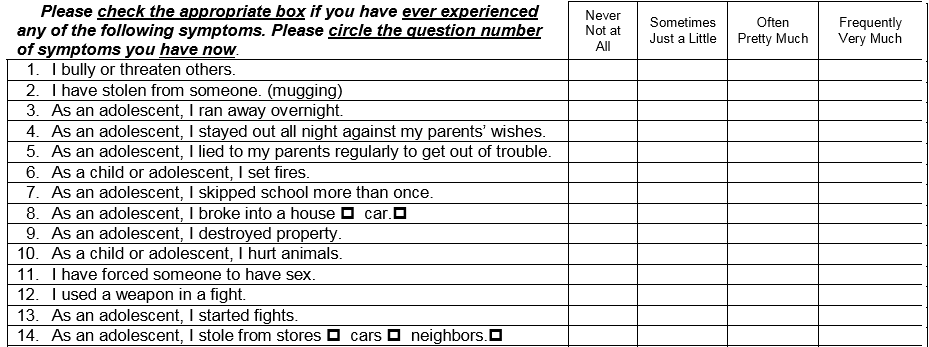


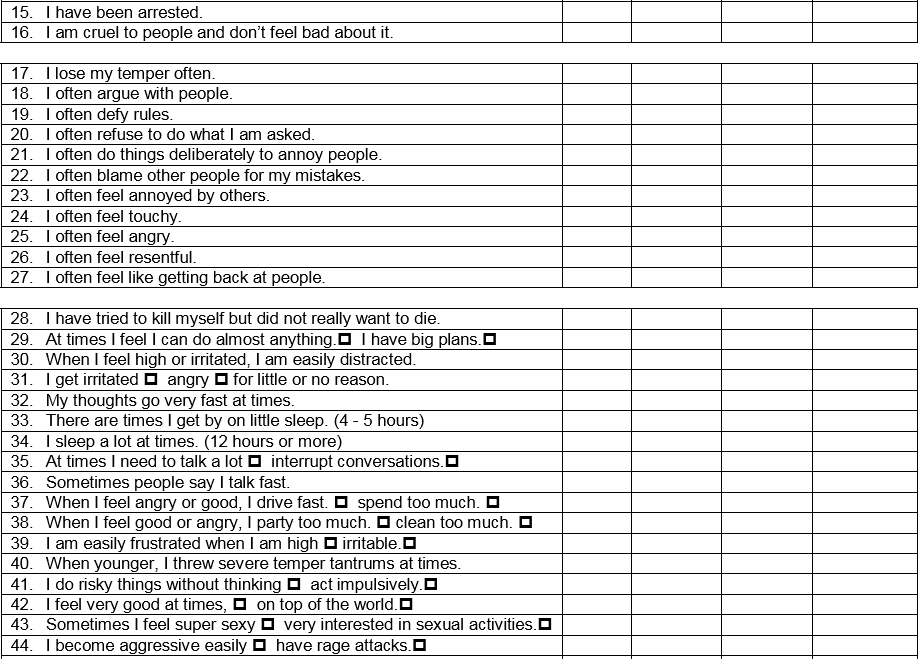


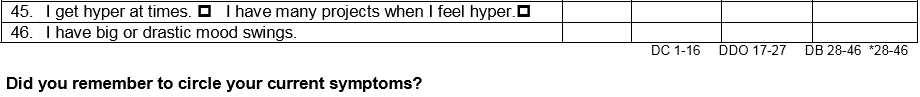


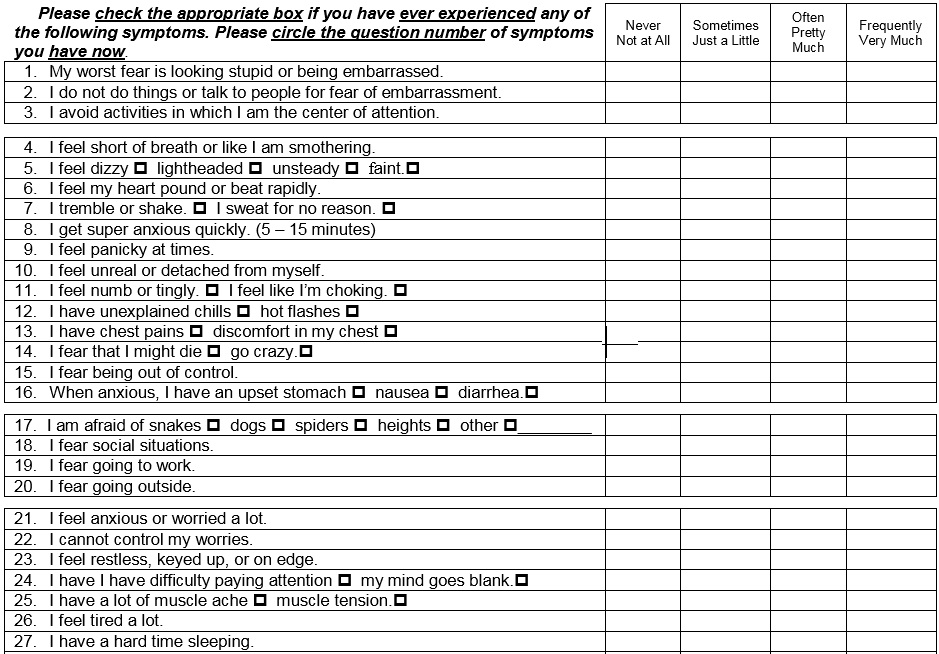


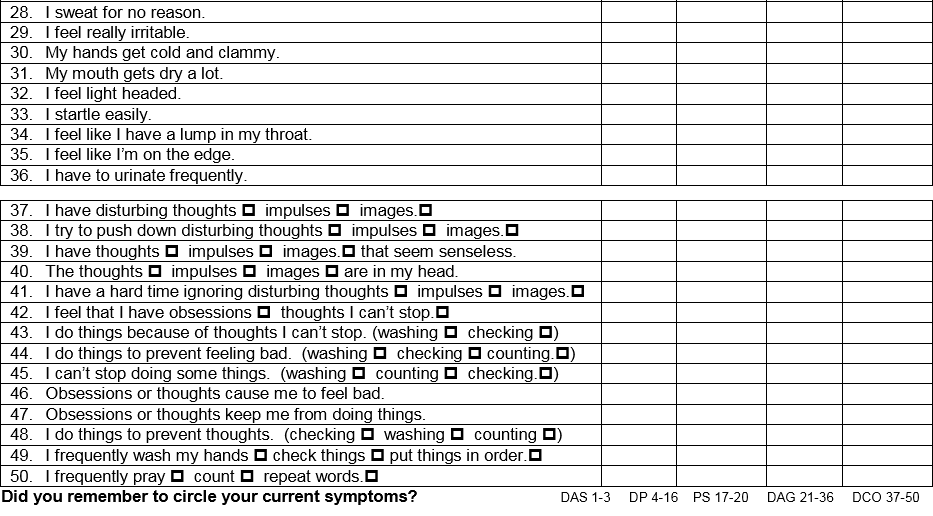


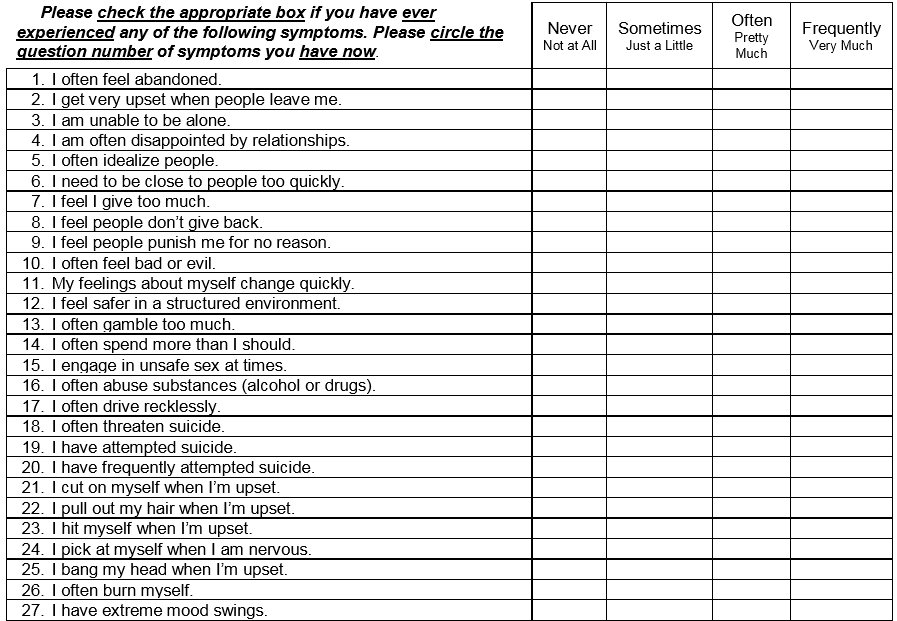




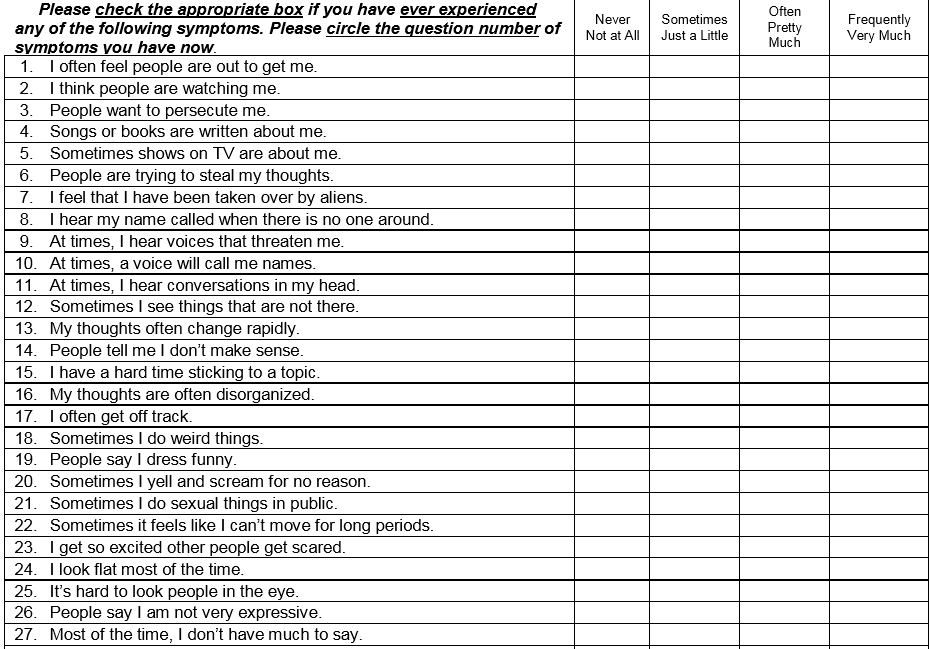


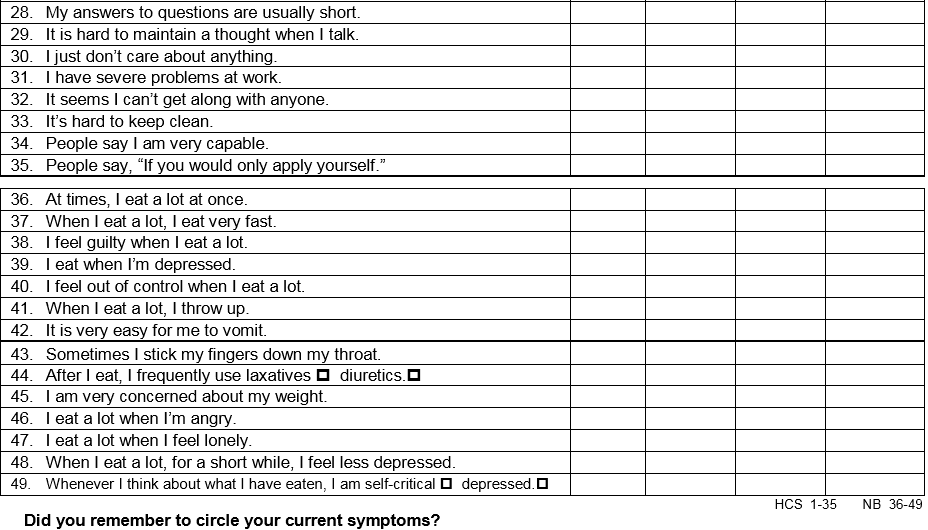












I certify that all information on the Adult Comprehensive History and Questionnaire Forms is true and correct to the best of my knowledge. I will notify Stephanie V. Straeter of any changes to my address, telephone numbers and any other relevant changes.

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Signature Date

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Printed Name



