

Paperwork to Be Completed For & Submitted TO

Stephanie Straeter, Ph.D.

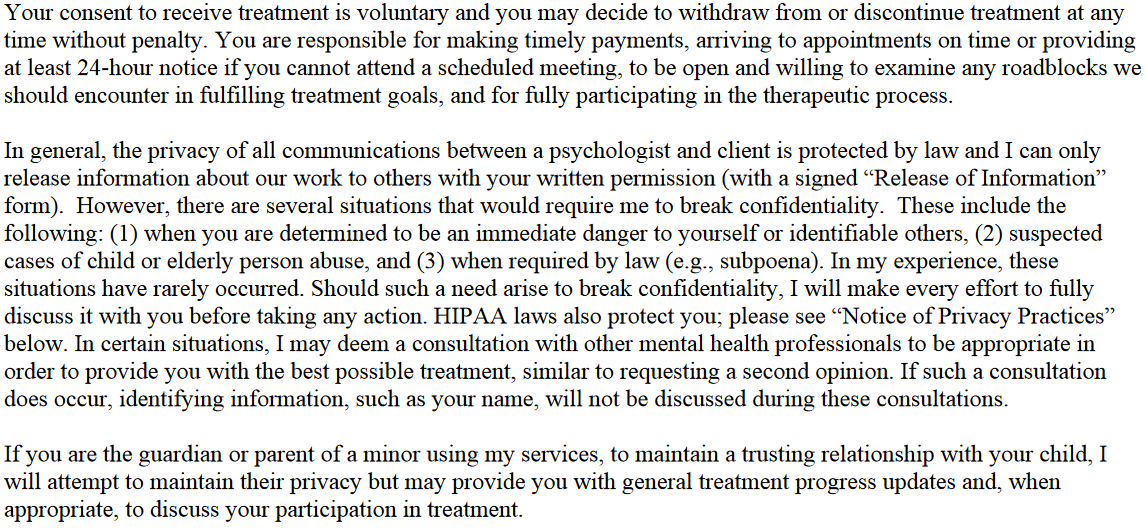
Licensed Clinical Psychologist & Certified Health & Wellness Coach

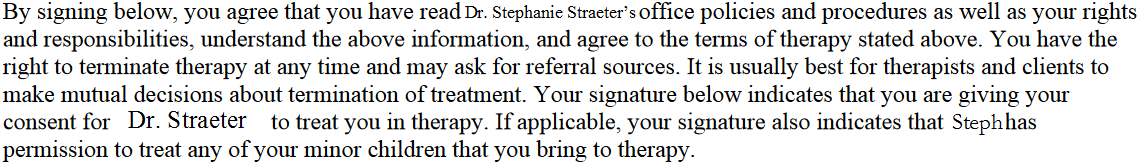
Prior to First Session Via email (by scanning and emailing to [StraeterPhd@Gmail.com](mailto:StraeterPhd@Gmail.com)) or Faxing to: 866-545-4568

* Please read the *Client Rights and Responsibilities/Confidentiality* pages 3 and **sign & date page 3** (These policies will be discussed in more detail at the beginning of our first appointment)
* Please read the *Notice of Privacy Practices &* the *Notice of Privacy Practices Acknowledgement* pages 4 – 6 and **sign and date page 6**
* Please read and complete information requested in the *Client Information (Couples Form),* pages 8– 11 and **sign and date page 11**
* If planning to use insurance to partially cover my services as an out of network provider now or in the future please **complete page 12** to the best of your knowledge



**Client Rights & Responsibilities/Confidentiality:**

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Client Signature Date

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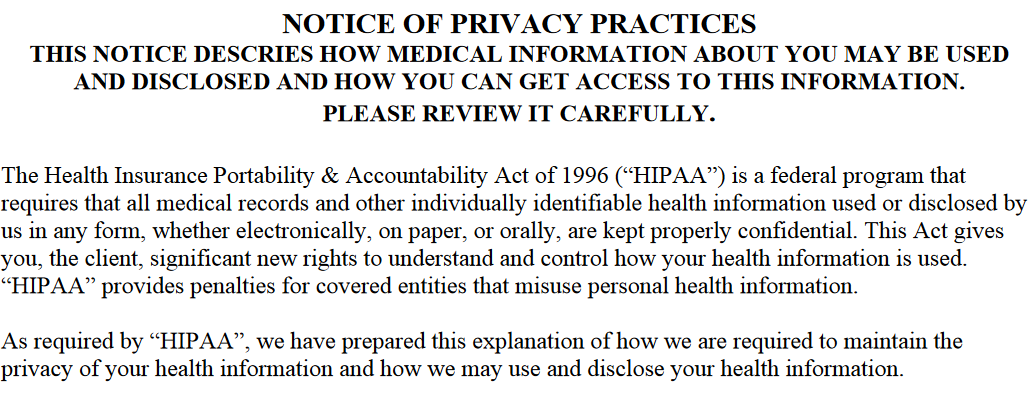
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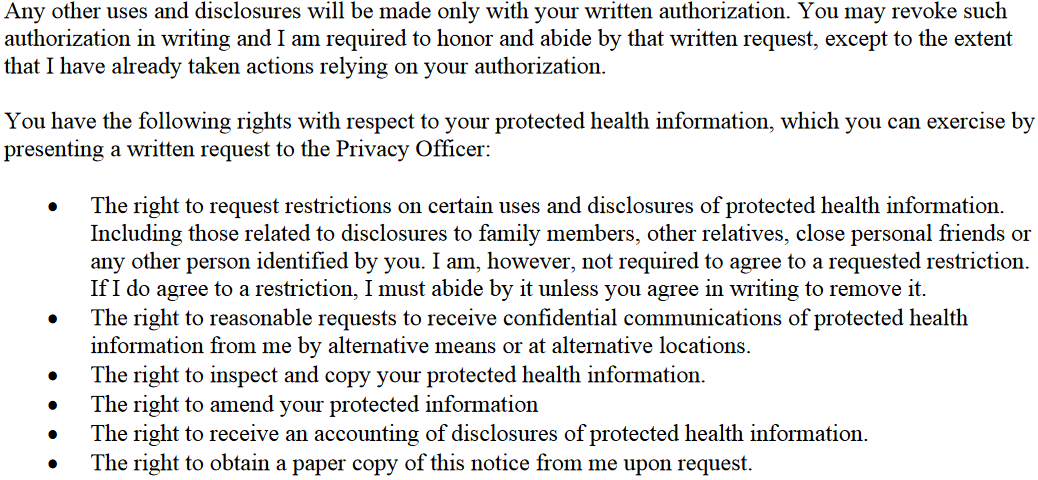
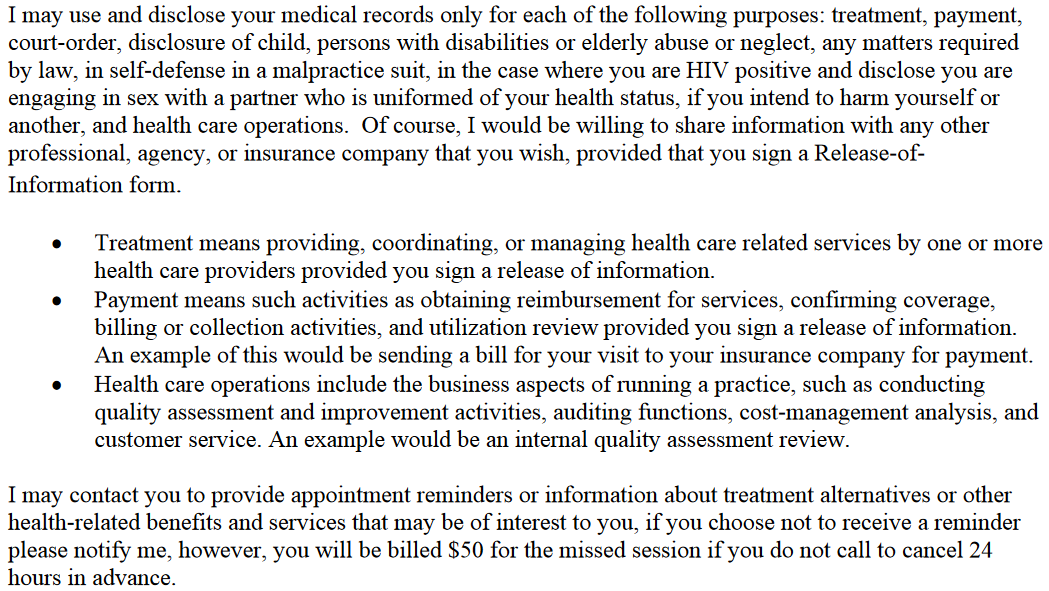


Dr. Stephanie V. Straeter, Licensed Psychologist

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Mobile: 619-549-1465



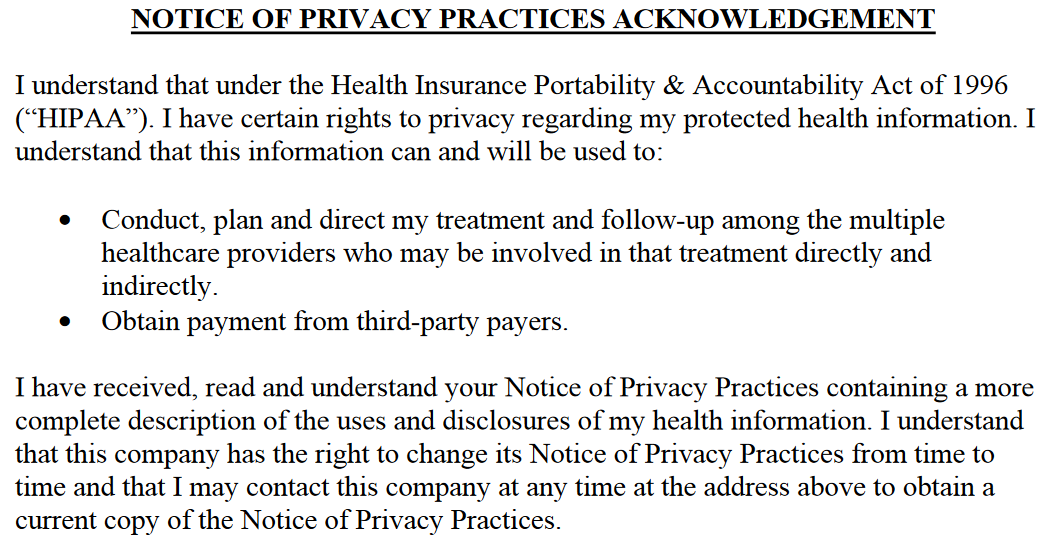


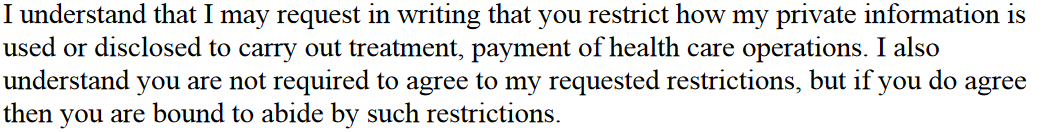


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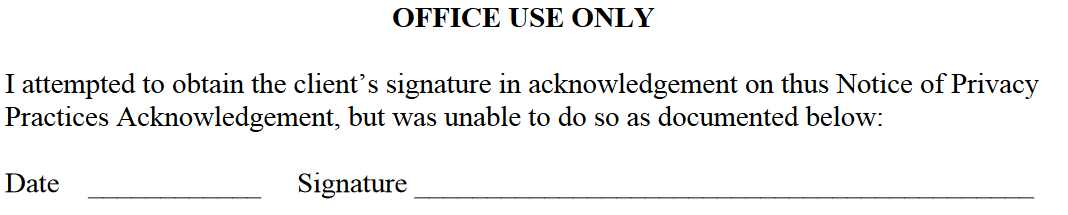
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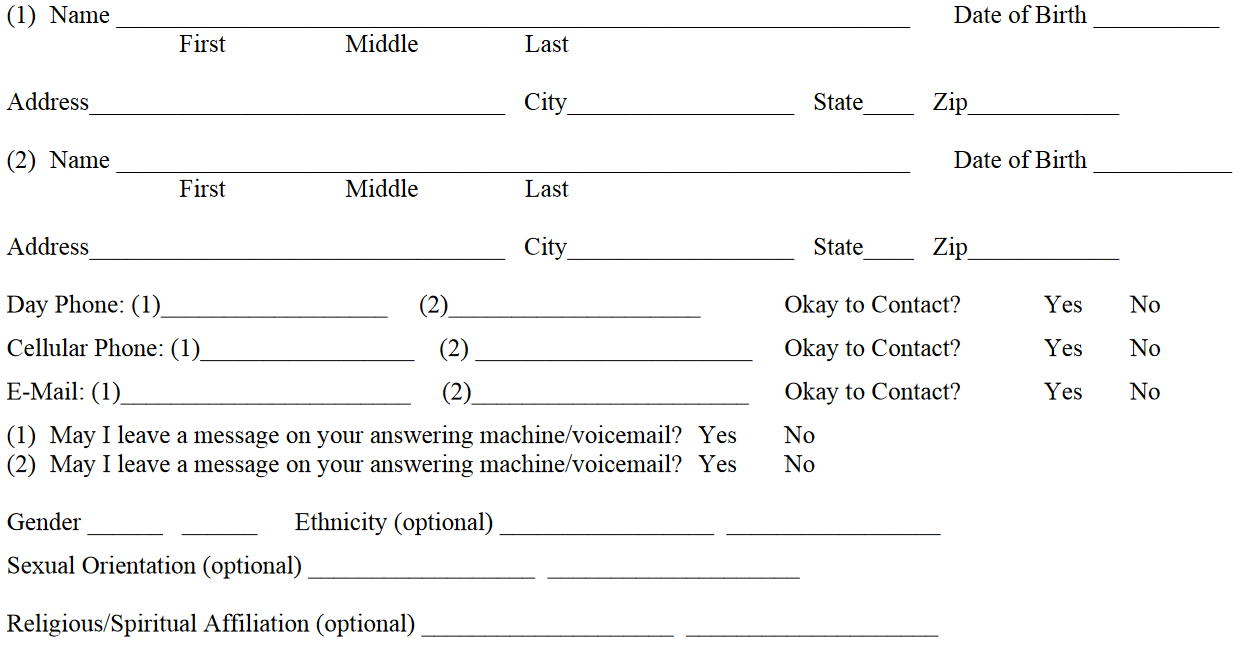
Mobile: 619-549-1465

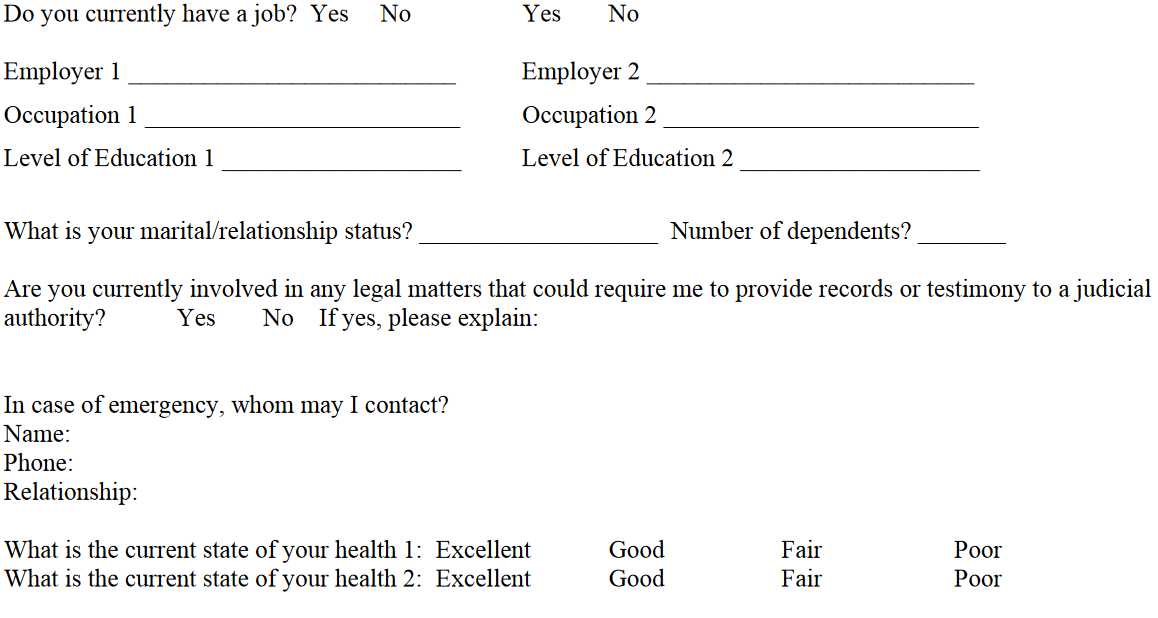


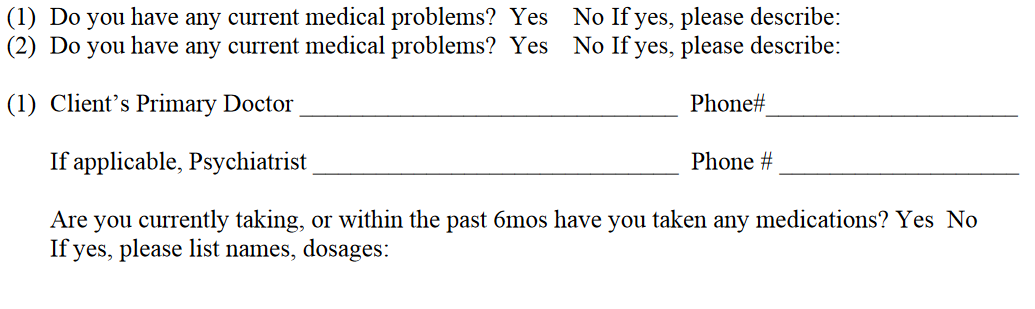


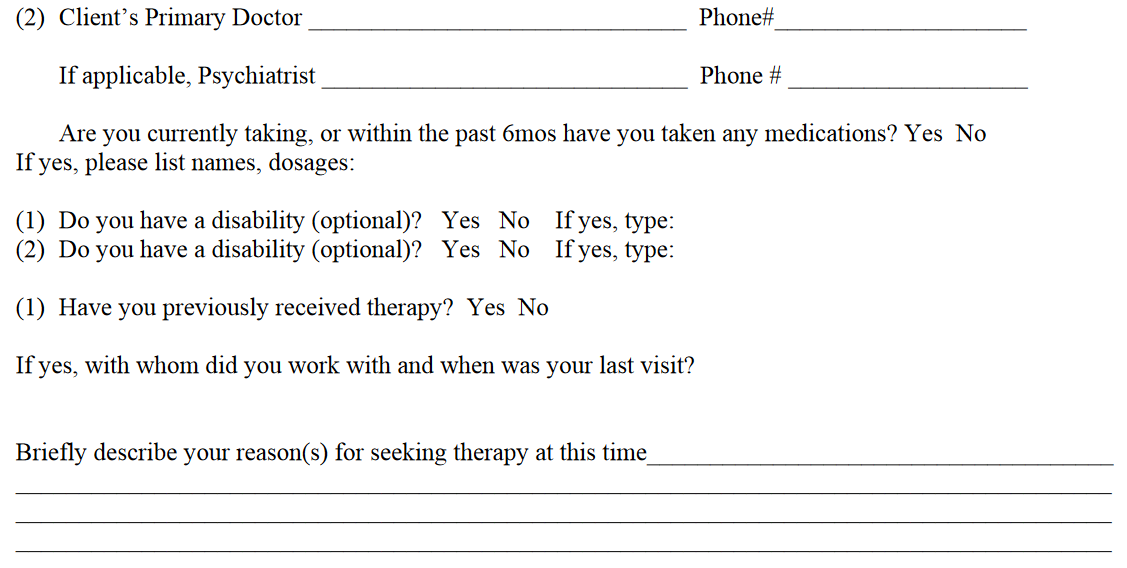
**Client Information (Couples Form)**

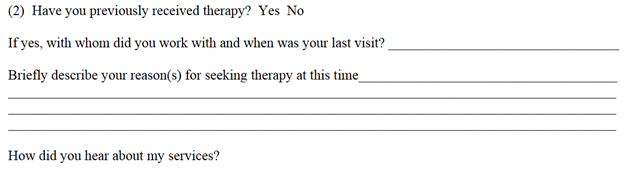
Welcome! Thank you for selecting the private practice of Dr. Stephanie Straeter, Licensed Psychologist. Please complete this form in ink. All information will be kept strictly confidential.

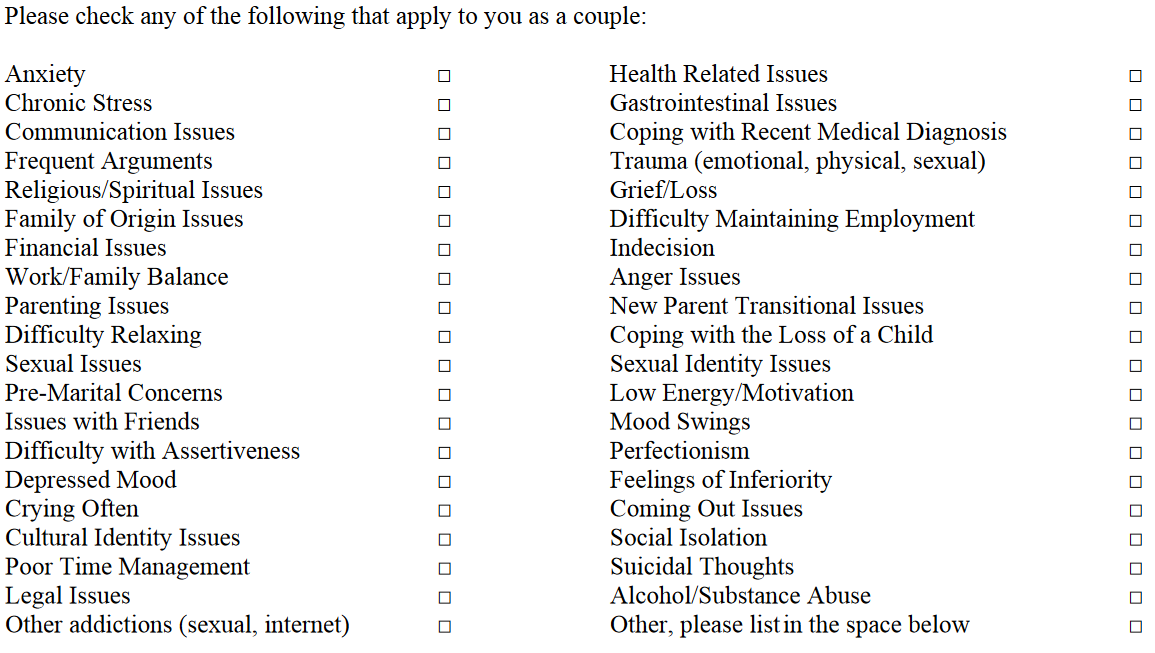
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We certify that all information on the *Client Information (Couples Form)* is true and correct to the best of our knowledge. I will notify Stephanie V. Straeter, Ph.D. of any changes to my address, telephone numbers and any other relevant changes.

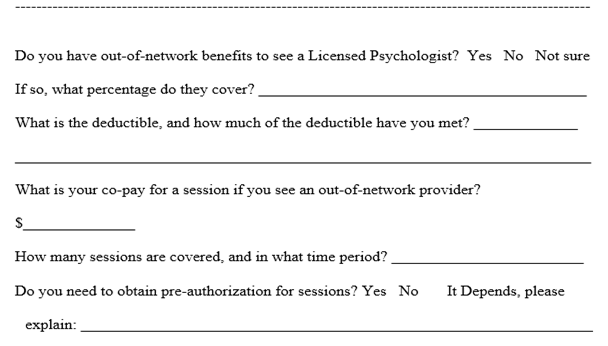
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Client Signature Date

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