Mary Ann Evans, Ph.D.
Evans Cognitive Development Center
Clinical Psychologist, Psy 11935
Neuropsychological, Psychoeducational and Psychotherapy Services

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Solvang,Ca. 93463

PERSONAL INFORMATION AND INFORMED CONSENT

Name________________________Birth Date___________Age________________
Address________________________City_____________Zip__________________
Telephone (Residence)_____________ (Work)______________________________
E-mail Address____
Social Security No.______________Marital Status___________________________
Spouse____________________________Children (Names & Ages)______________
Occupation___________________Employer________________________________
Reason for Referral____
Previous Psychotherapy, Counseling, or Psychiatric Hospitalization:
____
Referred by____
Person Responsible for Payment: ____

I apply for and consent to psychological treatment with Dr. Mary Ann Evans and have chosen to use her assessment and/or psychotherapeutic services. I understand that I have a responsibility to apply changes which I may learn to my daily life in order to gain maximum benefit from my therapy. Further, I understand that such changes will be those which I discover and decide to make with the help of my therapist. I understand that my therapist is available to listen to me and understand me, and any psychotherapeutic techniques used will be with my informed consent. I will be responsible for the charges incurred. I understand that if my insurance does not reimburse Dr. Evans in full that I am responsible for the remaining portion. I also understand that full confidentiality of our contact will be respected unless the law requires disclosure or unless my account, due to non-payment, requires financial information be given to a collection agency or lawyer. I also understand that I must give 24 hours prior notice for any cancelled appointment, or I will be charged for that appointment.
Signed_______________________________________Date___________

I hereby assign payment of insurance benefits to Dr. Evans directly.
Signed______________________________________Date____________