



Alyce Cisine, Ph.D.

Licensed Clinical Psychologist

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Service, Privacy and Energy Consent Signature Form

Your signature below indicates that you have read, understood and agreed to the information provided in the Service Agreement, Ohio Privacy Notice, and Energy Psychology Consent Form. A current copy of these forms are always available on the website (www.DrAlyceCisine.com). The following points are highlights of each form and are not intended to review all the information. You may download a copy of the forms for your records.

Please do not wear perfume or cologne to your appointment. Thank you.

Service Agreement:

1. Sessions are approximately 55-60 minutes in length.
2. The Fee is \$185 for the session, payable at the end of the session (or co-pay must be paid and insurance information must be provided)
3. Sessions cancelled with less than 24 hours notice may be charged for the full fee.
4. You have received suicidal hotline and other emergency numbers and know to call 911 or go to your nearest emergency room if ever needed.

Ohio Privacy Notice:

1. Confidentiality may be broken in the case of Child Abuse, Elderly/Disabled Abuse, or Serious Threat to Harm Yourself or Others.
2. A judge or bureau of workers compensation may subpoena and obtain your records.
3. If we email, call or video conference call each other, confidentiality cannot be guaranteed.

Energy Psychology Consent:

1. Energy work has not been proven effective by western scientific standards and is therefore considered experimental.
2. Energy work assesses and corrects for energy imbalances and does not diagnose or treat medical or psychological conditions.
3. Energy work may involve some psychotherapeutic touch. You have the right to express any discomfort and decline such services.

Printed Name

Signature

Date

Revised: 1/31/17