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I understand that **Justin Gardner, PsyD** is a Postdoctoral Fellow under the supervision of licensed psychologist Paul Beljan at Beljan Psychological Services.

By signing this form I am agreeing to allow **Justin Gardner , PsyD** to administer and interpret neuropsychological assessment measures and perform psychotherapy under the supervision of the aforementioned psychologist to my child or myself.

I understand that I may contact Beljan Psychological Services (602) 957-7600 with any questions or concerns at any time.

Patient's Name

Guardian's Name if patient is a minor

Patient/Guardian Signature

Date