

*Paul Beljan, PsyD, ABPdN, ABN
Vanessa Berens, PhD
Casey Heinsch, MAS, LAMFT
Steve Quagliano, Autism Spclst
Chantel Osman, PsyD, Post-Doctoral Fellow*



9835 E. Bell Rd., Ste. 140
Scottsdale, AZ 85260
(602) 957-7600
www.beljanpsych.com

I understand that **Chantel, Osman, 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 **Chantel Osman, 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