

**Michael L. Stern, PhD**  
**Psychologist**

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Psychologist-Client Service Agreement Acknowledgement

My signature below indicates that I have reviewed the Psychologist-Client Service Agreement and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

Confidential