## PASSAGES PROGRAM KANSAS CITY HOSPICE AND PALLIATIVE CARE POLICIES FOR PSYCHOTHERAPY SERVICES

## **AGREEMENT FOR SERVICES**

Your signature below attests that you have	read, discussed,
understand, and agree to what has been sta	ated above regarding
privacy, confidentiality and billing and that	you have received a copy of
the Passages Program policies.	- · ·

Print your name			
Sign your name			
Date			