

AGREEMENT AND RELEASE
Form 2 of 3

The undersigned acknowledges having read the foregoing description of Dr. Audrey A. Boxwell's qualification and services and agrees that she is not responsible for any outcome that may or may not result from any information, concepts, ideas, or services received from or provided by her. Additionally, the undersigned acknowledges and agrees that Dr. Audrey A. Boxwell is not providing any medical or psychiatric services, and that each client remains solely and completely responsible for their own medical and mental health.

Dated: _____

(Signature)

(Printed Name)

Please fill out and bring with you to your first appointment