

CHAPEL HILL PSYCHIATRIC ASSOCIATES, P.A.

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YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE REVIEWED THE AGREEMENT TITLED
“**Patient Service Agreement**” – **Chapel Hill Psychiatric Associates, PA**” AND YOU AGREE TO ITS
TERMS. THE LATEST PATIENT SERVICES AGREEMENT IS AVAILABLE ON OUR WEBSITE
WWW.CHAPELHILLPA.COM.

YOU MAY REQUEST A PRINTED COPY OF THE PATIENT SERVICE AGREEMENT.

Signature of Client/Patient/or Patient’s Legal Representative

Date:

PLEASE DISCUSS CONCERNS OR QUESTIONS AT YOUR FIRST SESSION, OR AT ANY TIME
THEREAFTER.