

 BRIDGMAN
PSYCHOLOGICAL SERVICES. P. C.

As a professional courtesy to those who refer to us we would appreciate your granting us permission to send a Thank You note to the person/facility who referred you to our office. The note will simply acknowledge that you have contacted our office after being referred by them. The note will NOT disclose any other information about you or the services you may receive here. If you have any questions or concerns, please speak to your therapist. You do have the right to refuse to release the above mentioned information, for any reason.

To indicate that you understand the information presented above and that you give your consent for us to send a Thank You note to your referring person, please fill out the information below as best you can and sign and date at the bottom. If you do not wish to give your consent, leave the form blank. Thank you.

Referring Person/Facility

Name: _____

Address: _____

Phone Number: (_____) _____ - _____

Patient's Name(s): _____
(Please Print)

Signature: _____ Date: _____
(Patient or responsible party)

(Patient or responsible party) Date: _____