

# Stress and Anxiety Services of New Jersey, LLC

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## Client-Therapist Service Agreement- Signature Page

I have read the Client-Therapist Service Agreement, understand it, and agree to its contents.

If a minor, the name of the minor is \_\_\_\_\_

\_\_\_\_\_  
Client Signature (Parent or Guardian for Minors)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Parent or Guardian for Minor, if required

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist Signature and number

\_\_\_\_\_  
Date