

JASON L. STEADMAN, PSY.D.
3328 Jenkins Road
423-825-4040
TN LIC#: 3348

I confirm that I have received and reviewed the Policies and Procedures for Jason L. Steadman, Psy.D. at Chattanooga Peds. I have had an opportunity to ask questions and had those questions answered. By signing below, I indicate that I agree to receive services provided by Dr. Steadman, following the procedures outlined in the current form of his Informed Consent document, version 1.1.2024.

Client name (print)

Guardian name (print)

Relationship to client

Client/Guardian signature

Date

Witness/Clinician signature

Date