Paul Beljan, PsyD, ABPdN, ABN
Vanessa Berens, PhD
Casey Blandford, MAS, LAMFT
Sarah Bald, PsyD
D. Wechsler, PsyD, Post-Doctoral Fellow

9835 E. Bell Rd., Ste. 140
Scottsdale, AZ 85260
(602) 957-7600
www.beljanpsych.com

I understand that **Daniel Wechsler, PsyD** is a Postdoctoral Fellow under the supervision of licensed psychologist Paul Beljan at Beljan Psychological Services.

By signing this form I am agreeing to allow **Daniel Wechsler, PsyD** to administer and interpret neuropsychological assessment measures and perform psychotherapy under the supervision of the aforementioned psychologist to my child or myself.

I understand that I may contact Beljan Psychological Services (602) 957-7600 with any questions or concerns at any time.

______________________________ ______________________________
Patient's Name Guardian's Name if patient is a minor

______________________________ _______________
Patient/Guardian Signature Date