

*Paul Beljan, PsyD, ABPdN, ABN  
Laura Wingers, PsyD  
Vanessa Berens, PhD  
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Sarah Bald, PsyD, Post-Doctoral  
Fellow*



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I understand that **Sarah Bald, PsyD** is a Postdoctoral Fellow under the supervision of licensed psychologist Paul Beljan at Beljan Psychological Services. Sarah Bald graduated with her doctorate of psychology in 2017.

By signing this form I am agreeing to allow **Sarah Bald, 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