

# Larry Kerrigan, Ph.D.

1015 37<sup>th</sup> Ave. Ct., #102  
Greeley, CO 80634

## Agreement

By signing below:

I agree that I have received information on my therapist and degree and licenses and a notice of the privacy practices. I understand and agree to all the conditions listed. If an insurance claim is to be filed, I hereby authorize Larry Kerrigan to release to my insurance company or its representatives any information necessary for the processing of my claims and to make payment directly to Larry Kerrigan for all services rendered.

\_\_\_\_\_  
Client (or parent for a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider

\_\_\_\_\_  
Date