

Ann Kern, LCSW

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Confidentiality Agreement

I, _____ agree to tape or record sessions
between Ann Kern, LCSW, and patient _____.

Name of Patient

Date

Name of Parent or Guardian

Date

David Buttross, III MD Michael Brown, MD Jayendra Patel, MD Michelle Dyer, APRN
Cynthia Nassar, LPC, LMFT Robbi Dowden, LCSW Alan Walker, LCSW Ann Kern, LCSW