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STATEMENT OF CONFIDENTIALITY

I, _____, have been informed that all documents and/or names that I work on or am aware of that pertain to Dr. Elham Sajed-Connor's psychotherapy practice are **highly private and confidential**. I intend to keep any such information completely private and confidential and understand it is never to be read by, shared with, mentioned or referred to anyone except Dr. Elham Sajed-Connor.

Name: _____

Signature: _____

Date: _____