

Consent to Treatment

I acknowledge that I have received, have read (or have had read to me), and understand the “Information for Clients” brochure as well as the HIPAA forms. I have had all my questions fully answered.

I do seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will be responsible for is paying for the services I have already received. I understand that I may lose other services or have to deal with other problems if I stop treatment (for example, if my treatment is court-ordered, I will have to answer to the court).

This agreement shows my commitment to pay for this therapist’s services. The prices for services include the following:

Initial Clinical Interview (first session): \$225

Individual, Marital, and Family Therapy (per 45 minute session): \$145

Legal Fees (per hour): \$250

I agree to pay for services rendered at the end of each session.

I know that I must call to cancel an appointment at least 48 hours (3 days) before the appointment time. If I do not cancel and do not show up, I will be charged \$100 for that appointment. I agree to pay for uncancelled appointments or those where I fail to give enough notice that I will not attend. The only exceptions are unforeseen or unavoidable situations that arise suddenly.

My signature below shows that I understand and agree with all these statements.

Signature of client or client guardian

Date

Printed Name

Relationship to client
(if necessary)