

CONSENT TO TREATMENT

The therapist named below, and I have discussed my circumstances. I acknowledge that I have received information about the therapy I am considering, and my questions have been answered fully.

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan and regularly reviewing our progress is in my best interest towards meeting the treatment goals. 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 an agent of my insurance company or other third-party payer may be given information about the type, cost, dates and providers of any services or treatment I receive. I understand that if payment for the services received here is not made, the therapist may discontinue treatment. I also understand that I am financially responsible for any balance not covered by my insurance company.

I am aware that if I no-show three consecutive appointments without contacting the office, the therapist will consider me to be self-terminated from treatment. Also, if 90 days pass without scheduling an appointment (unless this break is part of my treatment plan with the therapist), this therapist will consider me to be self-terminated from the current course of therapy.

I am aware that I can chose to discontinue my treatment with my therapist at any time and I will only be responsible for payment for services rendered. I understand that I may lose additional services or may encounter other problems if I cease treatment. (For example, if treatment has been court ordered, I will have to answer to the court.)

I have had the chance to discuss my concerns and have my questions answered and believe I understand the treatment plan. Therefore, I agree to play an active role in this treatment and give this therapist permission to begin this treatment, as shown by my signature below.

Printed Name

Relationship

Signature of Client or Guardian

Date

I, the therapist, have discussed the concerns above with the minor's parent or guardian. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the child's treatment.

Signature of Therapist

Date