

## **Client Agreement and Consent Form**

### **Informed Consent for Treatment**

This document contains important information about my professional services and business policies. Please read it carefully. Upon signing, it will constitute a binding agreement between us.

### **Payment Policy**

Payment for services must be made at the time of each visit. Cash, check & credit card (Mastercard & Visa) are accepted as payment. Please note that credit card payments will incur a \$5 additional charge per session fee.

### **Cancellation Policy for Individual &/or Family sessions**

Please understand that appointment times are reserved exclusively for you. Cancellations require 24 hour notice. If you do not attend your session or provide a timely cancellation, you will be billed the full fee of the session.

### **Cancellation Policy for Group Sessions**

Members are responsible for payment for every group session regardless of whether they attend. Exceptions are made when there need to be long absences from group.

### **Emergency Access**

If you need to speak with me between sessions, you may call the office and leave a message. When I am in the office I check messages frequently. However, on weekends and holidays I do not check messages as often. In the event of an emergency requiring immediate assistance, please go to the emergency room of your choice or call 911.

You may use email communication for scheduling concerns and brief communication. However, please understand that I cannot guarantee complete confidentiality via email.

### **Evaluations and Legal Proceedings**

I do not provide evaluations regarding competency, disability, child custody or fitness for duty at work. I also do not provide legal testimony regarding these issues.

**Consent for Treatment**

I authorize and request my therapist to provide psychotherapy treatment and/or diagnostic procedures during the course of my treatment. I understand the purpose of these procedures will be explained to me upon my request and that they are subject to my agreement. I also understand that while the course of my treatment is designed to be helpful, my practitioner can not make any guarantees about the outcome of my treatment. My signature below indicates that I have read, understand, and agree to the provisions of the Informed Consent for Treatment.

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Client Signature

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Today's Date

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Signature of Parent/Guardian

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Today's Date