



Consent to Treatment

I acknowledge that I have received, have read (or have had read to me), and understand the “Information for Clients” brochure and/or other information about the therapy I am considering. I have had all my questions answered fully.

I do hereby seek and consent to take part in the treatment provided by the therapist, Claudine Miller LPC. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment 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 still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel and/or do not show up, I will be charged the full billable fee for that appointment.

I am aware that services are:

- self-pay. The fees for services are \$100 per 55 minute session either in person, teletherapy or phone session.
- being paid for through my insurance. I am responsible for any co-payments and/or deductibles.
- being provided through my EAP services and are subject to the requirements of the EAP provider.

I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

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

Name of client: _____

Signature of client (or person acting for client)

Date

Printed name

Relationship to client (if necessary)

I, the therapist, have discussed the issues above with the client (and/or his or her parent, guardian, or other representative). My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of therapist

Date

Copy accepted by client Copy kept by therapist