

Consent to Treatment

I acknowledge that I have received and understand the "Information for Clients" brochure and/or other information about the therapy I am considering. I understand that if I have any questions, I can ask my therapist or the owners of The Center.

I consent to take part in treatment with The Center for Neuropsychology and Counseling, PC and/or its associates. I understand that developing a treatment plan with my 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 and to work to the best of my ability to achieve these goals.

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 or do not show up, I will be charged for that appointment.

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

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

Signature of client (or person acting for client)

Date

Printed name/Date of birth

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

This is a strictly confidential patient medical record. Rediscovery or transfer is expressly prohibited by law.