Dr. Danielle A. Wahba, Psy.D.
360 Towne Center Blvd, Suite C-1
Ridgeland, Mississippi 39157
(508) 980-5225 (Phone)

Psychological and Assessment Services, LLC

Informed Consent for Treatment

Please initial all that apply and Sign at the bottom

I have received a copy of Family Works' policies. ________

I have received a copy of Family Works' Notice of Privacy Practices and agree to its terms. ________

I agree and have consented to psychotherapy. ________

I agree and have consented to testing. ________

I agree to the Contract for Payment of Services (private pay only). ________

I understand that if I need to cancel a scheduled appointment, I will do so within 24 hours of the appointment. If I do not show up for a scheduled appointment, I will receive a bill for that appointment. ________

I understand that disclosure of personal information may be requested by a payer, whether an insurance company, Medicaid, or state agency, in order to process claims. I authorize the release of my records and/or am legally entitled to authorize the release of my child's record for claims payment. I understand that all payers are bound legally to keep information confidential. ________

I have read and understand the information listed above and authorize Family Works, LLC to provide services to myself, my child, and/or my family.

____ ____________

Signature of Client, Guardian, or Authorized Representative Date

____ ____________

Signature of Witness Date