Gretchen Clemens, LCSW

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Form 2

Consent to Treatment

I acknowledge that I have received, read, understand and agree to the "Outpatient Services Information and Contract" provided to me by the above therapist. I accept responsibility for initiating any questions I might have.

I do hereby seek and consent to take part in the treatment by the therapist named above. 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 also understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within the scope of her license, certification, and training.

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. If I decide to stop treatment, I am fully aware that this decision may impede progress made.

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 do not show up, I will be charged $75 for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

If the patient is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

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

_____ _____

Signature of client (Age 12 and older) Date

_____ _____ _____

Signature of Parent/Guardian of minor client (if applicable) Relationship to client Date

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