CONSENT FOR TREATMENT

I hereby consent to receive counseling and/or therapy services from _____ at the offices of Treeside Psychological Clinic P.C. in Lake Orion, Michigan. I agree that I enter this counseling and/or therapy relationship voluntarily and that my therapist can in no way guarantee the outcome of these services.

I understand that all information exchanged during the course of our sessions is strictly confidential, and will be released only with a duly signed information release authorization specifying to whom, what and why such information will be released. I further understand that a serious threat of harm to others or myself can result in an exception to this confidentiality agreement, following professional and/or ethical guidelines.

I understand that either myself or my therapist or therapist representative can terminate the services I am seeking at any time.

I agree to the fee of $_____ for the initial diagnostic evaluation and $_____ per session for counseling and/or therapy services. Payment will be due at the time of service unless other arrangements are agreed upon. I understand that the full fee will be charged for missed appointments and cancellations within 24 hours of the scheduled appointment time. I also understand that Treeside Psychological Clinic P.C. may bill my insurance company for services and that if, at my request, they do so, and the company denies the claim as not a covered service, I am responsible for the fees as stated above. In addition, I agree to pay any copays, deductibles, coinsurance and out of pocket amounts required by my insurance company. All payments are due on the date of service unless other arrangements are made with my therapist. If I choose to use a credit card to make my payments, a service fee based on the value of the charge will be added. _____ has explained this approach to providing services to my satisfaction. I understand that other approaches are possible and that I will be referred for other services if I so request**.**

Dated: _____ _____

Client Signature

Dated: _____ _____

Therapist Signature

45 N. Lapeer St. Lake Orion, MI 48362 Phone (248) 693-9614 Fax (248) 693-9615