

Consent to Treatment

I acknowledge that I have received, have read (or have had read to me) the following documents:

- Client Intake Information
- Policy and Procedures
- Client Rights and Responsibilities
- Consent for Release of Information for Treatment, Payment, and Healthcare Operations

I have had all my questions answered fully. I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this counselor 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 my counseling will involve a combination of therapeutic approaches that may include insight oriented, cognitive-behavioral, Adlerian, and/or various types of brief or solution-focused psychotherapies. Interactive play therapy is often the model of choice with children. Couples counseling is based on a combination of marital therapies including communication skills training. My counselor will discuss the specifics of my particular treatment plan with me and inform me of the cost of my treatment.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this counselor.

I am aware that I may stop my treatment with this counselor 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, Inner Peace Counselors, PLLC will charge for that appointment, The exceptions to this are clearly identifiable, for example; an accident, sudden illness, a death in the family, etc. I understand that if payment for the services I receive is not made, the counselor may refer me to another counselor or discontinue my treatment.

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

Signature of client (or person acting for client)	Date
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Signature of client (or person acting for client)	Date
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I, the counselor, 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
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_____ Copy accepted by client	_____ Copy kept by counselor
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