Brenna C. Bond, MA, LMHC
Lic. # LH60581547

Consent to Treatment

I acknowledge that I have received, have read (or have had read to me), and understand the information about the therapy I am considering. 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 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 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 or email to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel with at least 24 hours' notice and/or do not show up, I will be charged for that appointment.

I understand the fee I will pay is $195 per session and that I will pay this directly to the below named therapist. I understand that the therapist does not bill insurance and that seeking any reimbursement from my insurance company (if any) is solely my responsibility.

I also understand that any work my therapist may be asked to do for me outside normal sessions (e.g. letter writing, contacting my insurance company, etc.) will be billed to me at a rate of $195 per hour in 15-minute increments.

I understand that should a check be returned for any reason (e.g. insufficient funds), I am responsible to make up the payment with an added fee of $34 per returned check.

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

I, Brenna C. Bond, LMHC, 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