

Emmaus Counseling Center

"We are committed to 'walking with you' and helping you to find peace in your life."

Consent for Treatment Emmaus Counseling Services, P.S.

Agreement:

Please initial the following statements. If you have any questions concerning them, please feel free to bring up those questions to your therapist at the beginning of your first session.

_____ I have read the statement presented to me by my therapist which describes his/her qualifications, education, the nature of our therapeutic relationship and my rights as a client of **Emmaus Counseling Service, P.S.**

_____ If all or a portion of my fee is to be paid by my insurance company, I understand that **Emmaus Counseling Service, P.S.** will bill my insurance company for me. I also realize, however, that I am ultimately responsible for my account and am expected to pay for all services rendered.

_____ I realize that the appointment I set with my therapist is a contract that I have established with him/her. If that time needs to be changed, I expect a 48-hour notice from my therapist and I also realize that I must give a 48-hour notice to cancel my appointment. Because my therapist has reserved that time for me, if I have not shown up for the appointment or have not given the required 48 hour notice, I will be personally charged \$80.00 for the missed appointment. I understand that my insurance company will not be responsible for payment of my missed appointment.

_____ I give my permission for the staff of **Emmaus Counseling Service, P.S.** to call me to conduct a Client Satisfaction follow up interview.

Consent for Treatment:

I hereby request and authorize the staff of **Emmaus Counseling Service, P.S.** to evaluate, treat and/or provide counseling services to myself and/or the individual listed below for whom I am the parent or legal guardian.

Name of Minor (if applicable)

Date

Signature