

There's Hope! Counseling Services

1421 S. Boston
Tulsa, OK 74119
(918) 277-0777

CONSENT FOR TREATMENT AND ACCEPTANCE OF FINANCIAL RESPONSIBILITY

I acknowledge that I have received, read, and understand the policies and procedures as described in the Client Information forms and do so indicate by affixing my initials next to each of the following points:

_____ 1) I am aware that There's Hope! Counseling Services are independent of the Parent Child Center where these services are located. I release Parent Child Center from any responsibility of services provided.

_____ 2) Confidentiality – I am aware that all information is confidential and cannot be released without my written permission. I have also been informed of exceptions when confidential information could be released including when imminent danger is a risk for self or others, child abuse, elder abuse, or when ordered by the court.

_____ 3) Payment and Billing Policies - I am aware that I am responsible for payment in full for any charges for services provided on my behalf . I am aware that I may terminate treatment at any time without consequence, but that I will still be responsible for payment of the services I have received. I am aware that if I have not paid for services received, my treatment may be discontinued and my account turned over for collection.

_____ 4) Client Right & Responsibilities – I acknowledge that I have been given a copy of my client rights and responsibilities.

_____ 5) Appointments and Cancellations - I am aware that any cancellations of appointments must be made at least 24 hours in advance of the appointment and if I do not cancel or do not show up I will be charged for that appointment.

_____ 6) Professional Consultation - I am aware that my therapist may consult or share information with other mental health professionals with expertise if such consultation can be expected to be beneficial in therapeutic treatment. I am also aware that these professionals are under the same confidentiality restraints as my therapist and my identity and right to privacy will remain respected.

_____ 7) Risks of Psychotherapy - I am aware that the practice of psychotherapy is not an exact science and that predictions of the effects are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided by the therapist identified below.

_____ 8) Court Testimony and Custody Evaluations – I am aware that There's Hope! Counseling Services make every effort to maintain client confidentiality and therefore do not testify in court regarding custody, divorce action, or other legal matters. I agree not to contact a There's Hope! Counseling Services therapist personally or via my attorney to testify in court.

_____ 9) I do _____ do not _____ have questions about this consent for treatment/financial policy.

I do hereby seek and consent to participate in evaluation and or treatment with the therapist identified below.

Client Signature

Date

Therapist

Date