

## Consent for Psychotherapy Services

Recommended therapy and treatment planning will be discussed with you prior to beginning treatment.

24-hour notice is required to cancel an appointment. You will be charged 50% for missed sessions that are not cancelled with 24-hour notice.

If treatment is terminated, your therapist will offer you three referrals to other therapists who accept your insurance.

You are required to actively participate in your therapy and treatment.

Signature below acknowledges your understanding of and agreement with the above protocols for psychotherapy services.

Participant's Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Participant's Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Date: \_\_\_\_\_ 20\_\_

Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_