

CONSENT TO THERAPY

Roya Dedeaux * Licensed Marriage and Family Therapist * LMFT#95302*
5212 Katella Ave. Suite 101 * Los Alamitos, CA 90720

I apply for and consent to counseling, psychotherapy and diagnostic testing as prescribed by the Therapist.

I agree that I am responsible for the payment of \$ 120.00 per session, which is due and payable at the time of the session.

I understand that any appointment not kept or Canceled with less than 24 hours notice will be charged to me.

I consent to communication with the referring professional should the therapist consider it to be in my best interest.

I understand that the therapist is obligated to report to authorities or take other protective measures should it become apparent there is danger to the client or others, or if there is reason to suspect child, spousal or elder abuse.

Signature of Client _____ Date _____

If client is a minor:

Signature of Client _____

Signature of Parent / Guardian _____