

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 \$ _____ 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 in full to me.

___ I understand the risks inherent in email, video, phone, texting, or messenger apps used to communicate with the therapist, and I am responsible for the content which may be viewable by said parties (never shared by therapist).

___ I consent that the cost of therapy may be changed, with written notice.

___ I consent that requests outside of the therapy session (such as creating Super Bills, phone calls, or emails) may require additional payment.

___ If I am a parent of a minor undergoing therapy, I consent to respecting their privacy and the necessity for trust between child and therapist and understand that the therapist will not share details of sessions.

___ I consent to sharing personal information (name, email, information on check) with financial third parties when providing payment.

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

___ I consent to the overall risks and rewards of therapy.

___ I understand that my therapist is not an emergency responder, and will use appropriate resources if necessary.

___ 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 _____