



Empower  
Counseling  
Services, LLC

### Consent to Treatment

I acknowledge that I have received and understand the "Confidentially in Psychotherapy" forms and/or other information about the therapy I am considering, and I have had an opportunity to have all my questions answered fully.

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received.

I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For examples, if my treatment has been court-ordered, I will have to answer to the court.)

**I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel or do not show up, I will be charged \$25 for the missed appointment.**

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s) and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

My signature below shows I understand and agree with all of these statements.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Client

I, Catherine W. Harman (the therapist), have discussed the issues above with the client (and/or his/her parent/guardian or other representative). My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to be informed or willing consent.

\_\_\_\_\_  
Catherine W. Harman, MS, LPC/S

\_\_\_\_\_  
Date

\_\_\_\_\_ Copy accepted by client

\_\_\_\_\_ Copy kept by Empower Counseling Services, LLC

This is a strictly confidential patient medical record. Redislosure or transfer is expressly prohibited by law.