Consent To Treatment/Client Rights

I do hereby seek and consent to take part in the treatment by the therapist named below.
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 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 for the 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.

I understand that I may give input for my own treatment, discharge, and aftercare plans. I further understand that at any time I may request an explanation of my therapist's qualifications, title, and responsibilities.

I am aware that client records are kept in a confidential manner, though they are property of this facility. I may request access to them by following the policies and procedures for such a request.

I may request to be given a copy of this statement of clients' rights so that I may refer to it, and/or review it, and understand it.

My records and/or any information conveyed by myself and/or members of my family to personnel, will not be released without my written permission unless required by Texas law. (i.e. Reporting of alleged or suspected incidents of child abuse is mandatory under the Texas Family Code.)

I understand that I may make a complaint about my treatment and rights without such complaints being used against me. If I have a complaint against a licensed staff member, I may grieve directly to the State Board of Professional Counselors at 1100 West 49th Street Austin, Texas 78756-3183; (512)834-6658.

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

_____ _____
Signature of client Date

_____ _____
Signature of parent/guardian (if necessary) Date

_____ _____
Signature of therapist Date