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Therapy Connections, LLC

Consent for Services

Name of Client: _____ D.O.B. _____

Address: _____
Street or PO Box City State Zip

Consent to Treat: I hereby grant my permission for the above-named client to receive treatment services at Therapy Connections as they have been outlined to me. By signing the following items, I acknowledge the policy of Therapy Connections, and my responsibilities as stated below.

Initial: _____ **Date:** _____

Financial Responsibility: I understand that I am ultimately responsible for therapy charges, and I agree to pay my deductible, my co-insurance or co-payment, and any charges not reimbursed by my insurance carrier. I understand that some insurance companies require medical or administrative pre-authorization for treatment or have reimbursement limits on therapy treatment. I understand I am responsible for knowing and meeting the requirements of my insurance plan. I am aware that there is a \$50.00 processing fee for any returned check(s) and that this fee must be paid before any future appointments will be scheduled.

Initial: _____ **Date:** _____

Cancellations/Make Ups: I understand that if I must cancel a session, a 24-hour notice is required, or I must pay a \$50.00 fee before the next appointment. I understand that failure to notify Therapy Connections of cancellation may result in discharge from the program. I also understand that an attempt will be made to reschedule any therapy session. We are unable to hold a time slot for more than two consecutive weeks.

Initial: _____ **Date:** _____

Privacy Policy: I have been given the opportunity to ask questions about the Privacy Policy of Therapy Connections. A copy of the policy is available upon request.

Initial: _____ **Date:** _____

Consent for Photo or Video Image: I grant to Therapy Connections, its representatives, and employees the right to take photographs or video images of me and/or my child. I authorize Therapy Connections to copyright, use and publish the same in print and/or electronically. I agree that Therapy Connections may use such photographs of me with or without my name and for a lawful purpose, including for example such purposes as but not limited to publicity, newsletters, illustrations, advertising, video and web content.

Initial: _____ **Date:** _____

The undersigned also certifies that he/she is the client or is the duly authorized client guardian and can execute the above and accept its terms on behalf of the client.

Initial: _____ **Date:** _____

Discover Abilities ... Achieve Results... Experience Success.