Jennifer A. McNaught, CMHC
9980 South 300 West, Suite 200
Sandy, UT 84070

Consent to Treatment

I acknowledge that I have been informed about the therapy I am considering, confidentiality and the limits thereof. I have had all my questions answered.

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 other 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 example, if my treatment has been court ordered, I will have to answer to the court.)

I am aware of the fee of **$90** for each 50 minutes session. I understand that I am ultimately responsible for paying the entirety of the fee. I will pay or make arrangements for payment at the time of service.

I know that I must call to cancel an appointment at 48 hours (2 days) before the time of the appointment. If I do not cancel and do not show up, I will be charged **$25** for the missed appointment. Fees do not apply to EAP sessions.

I am aware that an agent of my insurance company of 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 treatment.

My signature below will show that I understand and agree with all the statements.

_____	_____
Signature of client (or person acting for client)	Date
_____	_____
Printed Name	Relationship to client
_____	_____
Signature	Signature

I, the therapist, have discussed the issues about 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 give informed and willing consent.

_____	_____
Jennifer A. McNaught, LCMHC	Date

This is a strictly confidential medical record. Redisclosure or transfer is expressly prohibited,