

Informed Consent

I, the patient, understand I have a right not to sign this form. I understand I can choose to discuss my concerns with you, the psychologist, before I start therapy. I also understand that any of the points mentioned in the attached documents can be discussed and may be open to change. If at any time during the course of therapy I have questions about any of the subjects discussed in the accompanying documents, I can talk with you about them, and you will do your best to answer them. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress before ending therapy with you.

I understand that the psychologist will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I also understand that if I do not pay for services as agreed, the psychologist can pursue payment including charging my credit card on file.

I have read the issues and points in the accompanying documents. I have discussed those points I did not understand, and have had my questions fully answered. I agree to act according to the points covered in these documents. I hereby agree to enter into therapy with this psychologist, and to cooperate fully and to the best of my ability, as shown by my signature here.

Fee structure (subject to change): _____

I have received or requested an electronic copy of the following documents:

- Information for Clients
- Electronic and Social Media Policy

Signature of patient _____ Date _____

Printed name of patient _____ DOB _____

I, the psychologist, have met with this patient for a suitable period of time, and have informed him or her of the issues and points raised in the above listed documents. I have responded to all his or her questions. I believe this person fully understands the issues, and I found no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the patient, as shown by my signature here.

Signature of Psychologist _____ Date _____