



CONSENT TO TREATMENT

For All Clients:

I consent to take part in the treatment provided 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. If my treatment has been court-ordered, I understand that I may incur difficulties if I stop treatment (e.g., 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 and do not show up, I will be charged for that appointment.

I understand that payment for services is due, in full, at the time of service.

Initial_____

For Neurofeedback clients only:

I acknowledge that I have received, have read (or have had read to me), and understand the "Informed Consent Form" for EEG biofeedback and for the QEEG. I have had of all my questions answered fully.

Initial_____

For Parents of Minors:

I recognize and, as necessary, will affirm to my child, that this therapist is my child's advocate and is not allied with any disputing party (e.g., in the event of divorce).

Initial_____

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I am aware that this therapist keeps records of all contacts relevant to your child's well-being. These records are subject to court subpoena and may, under some circumstances, be solicited by parties in a divorce. However, I understand that this therapist is not being retained for the purpose of providing recommendations about custody.

Initial_____

I understand that any matter brought to the attention of this therapist by either parent regarding the child may be revealed to the other parent. Matters which are brought to my attention that are irrelevant to the child's welfare may be kept in confidence.

Initial_____

I understand that this therapist is legally obligated to bring any concern regarding a child's health and safety to the attention of relevant authorities.

Initial_____

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

Signature of client (or client representative/guardian)

Date

Printed name

Relationship to client (if necessary)

I, the therapist, have discussed the issues above with the client (and/or his or 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.

Signature of therapist

Date

___ Copy accepted by client

___ Copy kept by therapist