

Commitment and Consent to Treatment

Please read the following information about the policies and procedures and sign below to indicate your understanding and consent.

Attendance: Because of the demand for therapy services from Wendy Hixon LMHC, it is necessary to uphold a policy about non-attendance of appointments.

- A 24-hour advance notice is required if a client needs to cancel or reschedule an appointment.
- When less than a 24-hour notice is given by the client, they may be held financially responsible for the session whether physically present or not. Emergency exceptions must be approved by your therapist.
- When a client does not show up for a scheduled appointment, the therapist MAY choose to discontinue services and refer the client elsewhere for services. A last-minute cancellation MAY be considered the equivalent of a "no-show."

Confidentiality

- It is my policy to ensure privacy for every client. I do not CONFIRM OR DENY any client's use of my services without written approval. Please review the Notice of Privacy Practices for further details and limitations of confidentiality.

General Information about Counseling Services:

- Individual appointments are scheduled for the usual 50-minute therapeutic hour. Since each appointment must end on time, it is important to be on time for the beginning of each appointment.
- Payment for counseling sessions is expected in advance of each session.
- Those clients who are NOT required to provide a fee for counseling services may be limited to ten consecutive sessions.
- Because we are not a medical facility, nor do we have medical personnel on site, it is my Policy to call 911 in the event a client appears to be having a medical episode.
- My Services may not be appropriate for every client. I will refer clients to other facilities for continuation of counseling and/or medical evaluation in the event that more intensive outpatient treatment is deemed necessary

I have voluntarily requested counseling services by Wendy Hixon LMHC. I understand that my first visit will consist of an initial interview, the purpose of which is to discuss myself and what brings me to counseling, so that the therapist and I can determine treatment goals.

Thank you for your cooperation with these policies. Please sign below to indicate that you have read and understand these policies and consent to engage in counseling services. Your signature on this form is necessary in order to admit you for counseling services, so if you have any questions please feel free to ask your therapist.

Client Signature (AGES 12 AND UP)

Date

Parent / Guardian Signature

Date

Thank you -- I look forward to working with you!