



Patient Consent Form

CHARGES FOR SERVICES RENDERED

All charges for therapy services are due at the time of my session with Personal Therapy Services™ (the "PRACTICE"). I authorize the Practice to bill my credit card via PayPal for all charges.

FINANCIAL RESPONSIBILITY

I understand that I am financially responsible for all charges for services rendered on my behalf. I am aware of the fact that if my credit card is denied for the services rendered, I am personally liable and fully responsible for such payment.

SHARING/DISCLOSING HEALTH INFORMATION

I authorize the Practice to share, disclose, or otherwise release psychological information about me to my insurance company or any other authorized entity involved in my care in accordance with the provisions of HIPAA (i.e., related to treatment, payment, or overall care operations). I further authorize the Practice to gain access to medical records with the information relevant to my treatment from any and all healthcare providers, including but not limited to hospitals, laboratories, physicians, mental health care providers, and others.

TREATMENT

I further authorize and consent to the Practice's providers and their assistants and other Practice professional staff providing outpatient treatment, diagnostic procedures and/or psychotherapeutic treatment supplies, services, equipment and other items related to my care to me, as determined to be necessary in their professional judgment. I have been informed of the nature and purpose of the treatment, as well as alternative treatment modalities, and that I am able to withdraw my consent for treatment either orally or in writing whether prior to or during the treatment period.

CANCELLATION

I agree that I will provide at least twenty-four (24) hours' notice to the Personal Therapy Services™ when cancelling an appointment and understand that failure to provide such notice will result in forfeiting the session fee.

Read and Acknowledged by:

Signature: _____ Date: _____

OR if for a minor Print Minor's Name: _____

Parent/Guardian of Minor Signature: _____ Date: _____

NOTE: If this form is for a minor, a "Permission to Treat Minors Form" must also be filled out and accompany this form when submitted.