



Patient Consent Form

Client's Name _____

CHARGES FOR SERVICES RENDERED/ FINANCIAL RESPONSIBILITY

All charges for Therapy Services, as defined, are due prior to the time of my session with Personal Therapy Services™ as defined. I understand that I am financially responsible for all charges for services rendered on my behalf. I am aware that all services must be paid in advance. I understand that if advanced payment is not received, no Therapy Services will be rendered by Personal Therapy Services™ under any circumstance.

SHARING/DISCLOSING HEALTH INFORMATION

I authorize Personal Therapy Services™, and its officers, agents, providers, professionals, assistants, and owners (“Personal Therapy Services™”) 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 Personal Therapy Services™ 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.

CONSENT FOR TREATMENT

I further authorize, agree and consent to Personal Therapy Services™ providing Therapy Services including outpatient treatment, diagnostic procedures, psychotherapeutic treatment supplies, and/or any other services, equipment and items related to my care, as determined to be necessary in their professional judgment (“Therapy Services”). I understand, authorize, agree and consent that such, Therapy Services may, without limitation, be in person (at my home or office or any other’s home or office) or via the phone, cell phone, internet, video, web application, or text message, as deemed necessary. I agree that Personal Therapy Services™ may also leave messages on any device about dates and times of appointments. I agree to allow Personal Therapy Services™ into my home or business for Therapy Services as deemed necessary. I have been informed of the nature and purpose of the Therapy Services, 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.

PRIVACY CONSENT/ WAIVER

I have been provided a copy or have access to a copy of the Practice’s Notice of Privacy Practices. I further agree, consent and understand that I waive my rights as included in the Notice of Privacy Practices including my HIPPA protection if third parties, including but not limited to guests or household family members, are present or are aware of Personal Therapy Services™ and/or Therapy Services being rendered. I hereby consent and agree to not hold the Practice including Personal Therapy Services™, its providers, owners, and their assistants and any other staff liable, if I wave my protection to such rights, if I knowing or unknowingly receive Therapy Services before any third parties. This includes if such third parties disclose confidential information including HIPPA protected information to other third parties.

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.

TERMS AND CONDITIONS

I have been provided a copy or have access to a copy of the Personal Therapy Services™ Terms and Conditions. By using Personal Therapy Services™ for Therapy Services I agree to the Terms and Conditions, as may be modified from time to time.

CONSENT FORM/ TERMS AND CONDITIONS ACKNOWLEDGEMENT

I, the client, hereby have read and understand the following:

- Charges for Services Rendered/Financial Responsibility**
- Sharing/ Disclosing Health Information**
- Consent for Treatment**
- Privacy Consent/ Waiver**
- Cancellation**
- Terms and Conditions**

Signature: _____ Date: _____

Or Parent/Guardian of Minor Signature: _____ Date: _____