

Hope Springs Counseling

Lisa M. Bizon, M.S., LPC, NBCC Certified
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HopeSpringsCounseling.us

Client Consent to Treat

- I have been provided with the informed consent treatment form, had sufficient time to be sure that I have considered it carefully, asked any questions that I needed to, and understand it. The limits of, and exclusions to confidentiality have been orally reported to me and I understand and accept them. If appropriate, The No Surprises Act, including my right to an estimate of costs of therapy has been explained to me.
- I acknowledge that I have been informed of the fee of \$175.00 for initial intake sessions, per 60 minute session (insurance rate - although insurance companies will apply their own fee schedule) \$135 (45 minute) for private pay/sliding scale) and I agree to pay a \$85 fee for any appointment not cancelled with at least 24-hours-notice and/or for a no-show (missed appointment). If my insurance is to be utilized, I agree to pay my copayment (if any) at the time services are rendered). I understand that insurance will not pay for missed appointments.

Date and Initial

- I understand my rights and responsibilities as a client, and my therapist's responsibilities.
- I agree to undertake therapy with Lisa M. Bizon, M.S., LPC.
- I know that I can end therapy at any time I wish and that I can refuse any requests or suggestions made to me by Lisa M. Bizon , LPC.
- I am over the age of 18 (If client is a minor, a parent / guardian needs to co-sign for permission).

Signed client:_____ **Date:**_____

Signed client:_____ **Date:**_____

Therapist:_____ **Date:**_____