

Life Therapy
The Practice of Marriage and Family Therapy
10419 Bogardus Avenue, Suite 100
Whittier CA 90603
(714) 287-7490

Consent to Treatment

I acknowledge that I have received, read, and understand the following documents from Sue Passalacqua, MFT, License No. 46069

Welcome to my Practice
Financial Arrangements
Privacy Practices
Client Information

My therapist has verbally outlined the psychological treatment proposed for me.

I understand that I may request, at any time, a review of my treatment progress from my therapist.

I understand that I may refuse any treatment I am uncomfortable with.

I am aware that the practice of psychotherapy and counseling is not an exact science and that predictions of the effects of therapy are not precise or guaranteed. I acknowledge that no guarantees have been made to me regarding the results of my psychological treatment.

I am aware that I may terminate treatment at any time, but that I am responsible for payment for the services I have received.

I am aware that any cancellations of appointments must be made more than 24 hours in advance of the appointment and if I do not cancel or show up for my appointment, I will be charged the full fee for that appointment.

I am aware that an authorized agent of my insurance carrier or other third-party payer may request and be provided information about my presenting problem, diagnosis, and the types and costs of treatment being provided to me, so that payment may be made.

I am aware that if I have not paid for services received, my treatment may be discontinued by my therapist.

I am aware that this office and therapist is not responsible for any personal property or valuables I bring to its facilities. I acknowledge that if I, or anyone else for whom I am legally responsible, deliberately causes damage, I will be held responsible for its replacement.

I am aware that the therapists in this building conduct independent practices.

I certify with my signature below, that I have read, had explained to me where necessary, and fully understand and agree with the contents of this document.

Client signature (Or parent or legal guardian)

Date

Relationship to client if parent or legal guardian _____