

# Consent to Treatment

Please check each box and sign. Each person participating over the age of 18 needs to complete and sign.

**Name:**

**If for a minor, minor's Name:**

**Minor's Age:**

## Information for New Clients

I acknowledge I have access to the document with important information for new clients called Information for New Clients. documents are available at [www.FullerLifeFamilyTherapy.org/forms](http://www.FullerLifeFamilyTherapy.org/forms), in our waiting room and from your therapist.

## HIPAA Notice of Privacy Practices

I acknowledge notice of availability of Notice of Privacy Practices (see info for new clients). I understand a copy of this document can be provided at my request. I certify that have read or have access to read the Federal HIPAA Ruling provided by this office.

## Communications Preferences

Clients have the rights to indicate methods of preferred communication. Our initial session client information form asks each person to select preferences for communication in regard to email, phone or text messages. It may become useful to communicate by email, text message, or other electronic methods of communication which are NOT typically a confidential means of communication. There is a reasonable chance that a third party may be able to intercept and eavesdrop on these electronic messages. For this reason, Fuller Life offers encrypted email and a secure texting platform to ensure HIPAA-Compliance and the highest standard of electronic confidentiality. If you wish to change your email preference with our offices at any time, please speak to your therapist. If you authorized appointment reminders, please know these messages will not be secure or encrypted.

I have been informed of the risks, including but not limited to my confidentiality in treatment, of transmitting my protected health information by unsecured means.

## Video Recording for Supervision Purposes

I acknowledge that I have received notification that video equipment will be used during sessions for supervision and training purposes. Cases are respectfully discussed in a confidential situation when appropriate. The digital recording will be destroyed within a month of taping. I understand Fuller Life is a training institute and consent to treatment.

## Social Media Policies

Our group at Fuller Life Family Therapy is active on various social media platforms providing professional resources for mental and relational health. You are welcome to follow us on our professional blog, Twitter, Facebook, Connect on Linked In or Scoop It. If you choose to do so please know this may compromise your confidentiality at your own choice. Do not send any direct communication through these professional social media accounts.

I understand I can find out more about Fuller Life Communication Policies and Social Media Policies in the Information for New Clients Document and I will comply with the guidelines provided in these policies.

I certify I am over the age of 18 and able to consent to treatment for myself or the client listed below. I understand that I am not required to sign this agreement in order to receive treatment. I also understand that I may terminate this consent at any time.

Signature:

Date:

# Financial Agreement

To be completed and signed by the identified party responsible for payment.

I understand that the agreed upon contracted rate for per session will be \$

Name of Responsible Party:

Relationship to Client:  Self  Partner  Parent  Other:

Email:

Phone:

Address:

City:

State:

Zip:

**By seeking services, I agree to pay all fees for counseling and other services. I have received and read the document providing Information for New Clients and am fully responsible for payment of services.**

- ❖ I understand that I will be charged the **full** contracted rate for each session not cancelled 24 hours in advance.
- ❖ I understand individual sessions last 45-50 minutes and family/marital sessions last 50-55 or minutes. An additional fee applies when sessions exceed this time.
- ❖ I understand that I am responsible for all payments. I certify that all the information on this form is true. If client is under 18, I consent to the client's participation in counseling and accept responsibility for payment.

Select your preferences for method of payment:

Cash  Check (\$35 returned check fee)  Credit Card on file (below)

Please provide a credit card to cover therapy services. A credit or debit card number is required by Fuller Life policy; however, payments may be made by cash or check. Payments are due in full at the time services are rendered.

Card Type:  Visa  MasterCard  Discover  Amex

Credit Card Number:

Expiration Date:

CVC: (3 digit code):

Billing Zip code:

**Signature acknowledges understanding of the above financial statement and authorizes Fuller Life Family Therapy to charge the card for late cancellations or no-shows.**

Signature:

Date: