

## CLIENT CONSENT TO COUNSELING/THERAPY

I have read the Informed Consent (03/23), had enough time to be sure that I considered it carefully, asked any questions that I needed to, understand it, and have no additional questions. I understand the limits of confidentiality required by law. I consent to the use of a diagnosis in billing, and to the release of that information and other information necessary to complete the billing process. I agree to voluntarily undertake counseling/therapy with James Carroll, LPC. I know I can end counseling/therapy at any time I wish and that I can refuse any requests or suggestions.

Please **INITIAL** the following statements as verification that you fully understand your responsibilities:

\_\_\_\_\_ I understand I will not be called and reminded of upcoming appointments.

\_\_\_\_\_ I understand it is my responsibility to call 24 hours in advance if I am unable to make an appointment.

\_\_\_\_\_ I understand that failure to call 24 hours in advance may result in a \$50 fee which I am obligated to pay.

\_\_\_\_\_ I understand regardless of my insurance, I am ultimately responsible to pay for all session fees and expenses incurred during treatment in a timely manner.

\_\_\_\_\_ I understand if I do not pay my fees in a timely manner (within three months), my account will be turned over to a collection agency and I will also be responsible for any collection costs and may include attorney fees, court costs, and any other legal fees.

\_\_\_\_\_ I agree not to make any type of recording (audio or video) without the prior written consent of James Carroll.

\_\_\_\_\_ I agree that James Carroll and/or myself can send unsecure text messages regarding scheduling and cancelling appointments.

\_\_\_\_\_ A "Notice of Privacy Practices" has been made available to me.

\_\_\_\_\_ A "Your Rights and Protections Against Surprise Medical Bills" has been made available to me.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Date: 03/23