



Consent to Treatment

I acknowledge all counselors providing counseling services on behalf of Kyle Mabus Counseling are not employees of King of Kings Lutheran Church or The CORE. Mabus Counseling releases King of Kings and The CORE from any and all damages that may result from the counseling practice of Kyle Mabus Counseling.

I acknowledge that I have received, have read (or have had read to me), and understand the Counseling Client Policies. I have had all my questions answered fully.

I do hereby seek and consent to take part treatment at Kyle Mabus Counseling. I understand that discussing treatment goals and regularly reviewing our work toward meeting those goals are in my best interest. I agree to play an active role in this process.

I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I know that I must call or email to cancel an appointment at least 24 hours before the time of the appointment. For example, if my appointment is at 9am, I am aware that I need to call by 9 am the day prior to my scheduled appointment. If I do not cancel and do not attend the appointment, I may be charged a fee for that appointment.

I hereby authorize release of information by Kyle Mabus Counseling to my insurance company and also authorize my insurance benefits to be paid directly to Kyle Mabus Counseling for services rendered. I agree that I am financially responsible for all charges not covered by my insurance. Further, I grant release of information to third parties involved in the billing and collection of fees for services rendered by Kyle Mabus Counseling, sufficient to perform that function.

My signature below shows that I understand and agree with all of these statements.

X

Signature of Client

Date

X

Signature of parent, legal guardian or power of attorney
(If client is under age of 19)

Date

X

Printed name

Relationship to Client