

Agreement and Consent to Treatment

I, _____ understand I have the right not to sign this form. My signature below indicates that I have read and discussed the agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned can be discussed and may be open to change. If at any time during the services I receive, I have questions about any of the subjects discussed on the Policies and Procedures document, this document, or the HIPAA Notice of Privacy document, I can talk with my provider about them, and he/she will do their best to answer them.

I understand that after psychological services begin I have the right to withdraw my consent to services at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my provider before ending psychological services.

I understand that no specific promises have been made to me by my provider about the results of the services I receive, the effectiveness of the procedures used by J. C-H. Psychological Solutions, PLLC providers, or the number of meetings necessary for psychological services to be effective.

I have read, or have had read to me, the issues, points in the Policies and Procedures document, this document, and the HIPAA Notice of Privacy document. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to consent to psychological services and enter into services with the provider _____, and to cooperate fully and to the best of my ability, as shown by my signature here.

Signature of client (or person acting for client)

Date

Printed name

I, the provider, have met with the above stated client for a suitable period of time, and have informed him or her of the issues and points in this document, as well as in the Policy and Procedures document and HIPAA Notice of Privacy document. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to psychological services. I agree to enter into services with the client, as shown by my signature here.

Signature of Treatment Provider

Date

- | | | |
|--|-------|------------------|
| <input type="checkbox"/> Patient obtained a copy of the Policy and Procedures document | _____ | Patient initials |
| <input type="checkbox"/> Patient declined a copy of the Policy and Procedures document | _____ | Patient initials |
| <input type="checkbox"/> Patient obtained a copy of the HIPPA Notice of Privacy document | _____ | Patient initials |
| <input type="checkbox"/> Patient declined a copy of the HIPPA Notice of Privacy document | _____ | Patient initials |