



MARVELOUS MINDS
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Consent to Treatment, Ages 12 and Up

I acknowledge that I have received, have read, and understand the “Information for Clients” brochure and/or other information about the therapy and or testing I am considering. I have had all my questions answered fully. I hereby seek and consent to take part in the assessment and treatment by the psychologist named below. I understand that developing a treatment plan with this psychologist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this psychologist. I am aware that I may stop my treatment with this psychologist 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.

I know that I must call to cancel an appointment at least 48 hours (2 days) before the time of the appointment, or pay the agreed-upon fee.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the psychologist may stop my treatment.

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

_____ Signature of client _____ Date

_____ Signature of Parent (Client 12-17) _____ Date

_____ Printed name

I, the psychologist, have discussed the issues above with the client. My observations of this person’s behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent for his/her treatment.

_____ Signature of psychologist _____ Date

Kymberly F. Larson, PsyD Copy given to parent Copy refused by parent

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.