



## Consent to Treatment, Ages 12 and Up

I acknowledge that I have discussed and understand 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/or treatment by a Marvelous Minds clinician. I understand that developing a treatment plan with this clinician 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 agree to attend sessions on a consistent basis. I understand that services may be discontinued if I consistently miss therapy sessions (i.e. missing 50% of scheduled sessions or missing 3 sessions in a row).**

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this clinician. I am aware that although I may discontinue treatment with this clinician at any time, I will remain responsible for paying for all services rendered. I understand that I may lose access to other services or experience unforeseen consequences as a result of terminating treatment.

**I know that I must call to cancel an appointment at least 24 hours (1 day) before the time of the appointment, or pay the agreed-upon fee of \$150.**

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, treatment may be discontinued.

BY CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.



\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date