

Spring Tree Counseling

1007 Church Street • Suite 302 • Evanston, IL 60201

233 E. Erie • Suite 607 • Chicago, IL 60611

Office: (847) 492-1938 Fax: (847) 423-5670

Consent to Treatment

I consent to take part in the treatment at Spring Tree Counseling. I have received and read the **Client Services Agreement** form explaining the risks and benefits of treatment, the fees for services, and other policies, and agree to its terms.

I have received and read the **Privacy Practices** as required by the Health Insurance Portability and Accountability Act. I have asked for explanation and clarification of any part of the intake information or privacy rights that I do not understand.

I understand that **I am responsible for my bill**. While Spring Tree Counseling may assist me in pursuing insurance reimbursement, I understand that unpaid bills will become my responsibility.

If I am electing to use my insurance benefit, I authorize release of the necessary information to my insurance company so that Spring Tree Counseling, acting on my behalf, may pursue payment for the services provided to me. I authorize insurance payments to be sent directly to Spring Tree Counseling.

Signature of Patient/Client

Date

Signature of Parent, Guardian or Personal Representative*
(if client is under 18 years old)

Date

Signature of Patient/Client, 12-17 years of age

Date

* If you are signing as a personal representative of an individual, please describe your legal authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Patient/Client refuses to acknowledge receipt:

Signature of Therapist