# Spring Tree Counseling

Emotional, Relational, and Mental Well-Being

## 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 be 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.

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**Signature of Patient/Client** **Date**

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

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

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* 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:

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**Signature of Therapist**