

### Agreement and Consent for Counseling and Treatment

I have read or have read to me the information in the Informed Consent Agreement. I have been given the opportunity to ask questions about this Agreement. I understand my rights to privacy, the exceptions to my rights to privacy and that there are risks associated with treatment. In the event that a minor child in receiving treatment services, I give my consent for these services and affirms that I am the legal guardian with the authority to authorize health care services. I agree to abide by the payment and billing policy and accept full responsibility for any and all fees incurred for my counseling or if appropriate, counseling with my child(ren).

CLIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

Client(s) or Legal Guardians:

\_\_\_\_\_ Printed Name

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

### Agreement and Consent for Internet Communications

\_\_\_\_\_ Email Address

By providing an email address, I am acknowledging that Jesse Johnson can communicate with me via email. Internet communication can pose some security risks and I understand that email and text communication will be limited to administrative concerns such as appointments and insurance or payment questions and that counseling will not be provided by internet. This consent may be revoked by me at any time except to the extent that action has already been taken as a result of my providing this email address.

#### FOR OFFICE USE ONLY:

\_\_\_\_\_ QB  
\_\_\_\_\_ LS

\_\_\_\_\_ DB  
\_\_\_\_\_ DO

\_\_\_\_\_ PC