Consent to Treatment

I acknowledge that I understand information about the psychotherapy I am considering. I have had all my questions answered fully. I do hereby seek and consent to take part in the treatment by Robin Navarro, Psy.D. I understand that developing a treatment plan with her 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 Dr. Navarro. I am aware that I may stop my treatment with her 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. (For example, if I decide to return to psychotherapy at a later date, I understand Dr. Navarro may be full and I will have to wait.)

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment, 48 hours before if my appointment is on a Monday. If I do not cancel and do not show up, I will be charged $80 for that appointment and the full $165 for any subsequent misses, charges not covered by insurance.

I am aware that an agent of my insurance company or other third-party payer (Dr. Navarro's billing specialist) will 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, Dr. Navarro may stop my treatment.

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

_____ _____

Signature of client (or person acting for client) Date

_____ _____

Printed name Relationship to client (if necessary)

❑ Copy accepted by client ❑ Copy kept by psychologist

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

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