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CARE AND TREATMENT CONSENT FORM

Confidentiality

All information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where disclosure is required by law:

- Suspicion of abuse or neglect to children or elderly.
- Client threatens to harm self or others.
- If I am legally compelled to testify in court and release any verbal testimony or written documentation.
- If consent is received to disclose any verbal testimony or written documentation to a third party.

Fees & Cancellations

Clients are expected to pay the standard fee at the onset of each session unless other arrangements have been made. If your account is overdue (unpaid) and there is no written agreement on a payment plan, I reserve the right to use legal or other means (courts, collection agencies, etc.) to obtain payment.

If a cancellation in inevitable, please inform the office 24 hours in advance by leaving a message at: (210) 481-8335.

I have read the Care and Treatment Consent form and agree to enter the counseling and treatment process.

_____	_____	_____
Client or Guardian (Print Name)	Signature	Date
_____	_____	_____
Counselor	Signature	Date