

**LifeLine Counseling Center
4212 State Route 306 STE-306
Willoughby, OH 44094
(440-942-0100)**

CONSENT FOR TREATMENT AND PSYCHOLOGICAL SERVICES

Initial

I have read, understand, and agree to all of the terms of the "LifeLine Counseling Center Policies and Procedures" available at www.lifelinecounseling.net or at the LifeLine Counseling Center offices at 4212 State Route 306 STE-306, Willoughby, Ohio.

I give my consent for the Psychologists and Staff of LifeLine Counseling Center to render psychological treatment and care to myself or the minor child named below, including the performance of diagnostic and therapeutic procedures deemed advisable and discussed with me.

I understand that one counseling session consists of a 45-minute appointment time, and due to the large amount of time reserved for me, agree to provide 24-hour notice in the event that I need to cancel or reschedule an appointment. I understand that I will be charged a \$35 fee that is not billable to insurance should I not provide 24-hour advance notice of canceling, breaking or rescheduling an appointment. I understand that in the event of bad weather during which the public schools or government agencies close that I may cancel without the fee being charged. I also understand that I will be given one (1) "free pass" to cancel without a fee being charged in a 12-month period.

I assign to LifeLine Counseling Center all my rights to, and any and all medical insurance benefits for, services rendered to me to which I am or may be entitled by any private or public payers if I elect to use insurance rather than pay for services out-of-pocket.

I understand that I will be fully responsible for any and all charges not covered by medical insurance at the current rates established by Lifeline Counseling Center for all services rendered to the individual named below. In the event that the balance due has to be collected by an outside agency or attorney, I waive confidentiality as necessary to collect the debt and agree to pay collection costs and attorney fees. I understand that a \$5 fee for each monthly statement will be assessed if my account is placed with an outside agency of attorney.

I agree that all agreements and contracts between me and LifeLine Counseling Center and its staff are in writing and that there are no oral agreements between myself and LifeLine Counseling Center and its staff. Any modifications of the terms of this agreement must be in writing and signed by myself and my professional provider. This Consent for Treatment and Counseling Services is a contract for services. I have carefully read and understand this contract. I agree that this is a legally binding contract. I agree that the provisions of this contract are reasonable, fair, equitable, and candid. I agree to this contract without undue influence, duress, or coercion from any source. I knowingly, willingly and without exception give my full informed consent to, and agree to abide by and be bound by, each and every one of the provisions contained herein. This authorization may be revoked in writing at any time except to the extent those actions have been taken in reliance thereon.

PLEASE NOTE: YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE "LIFELINE COUNSELING CENTER POLICIES AND PROCEDURES" AVAILABLE TO YOU AT WWW.LIFELINECOUNSELING.NET, AND CONSENT TO TREATMENT IN ACCORDANCE WITH ALL OF ITS TERMS.

ADULT PATIENT SIGN HERE

Signed _____
Adult Patient or person authorized to consent for patient

Date _____

Printed Name _____

MINOR CHILD SIGN HERE'

Printed Name of Child _____

Signed _____
Parent or person authorized to consent for patient

Date _____