

Client Name: \_\_\_\_\_

1. I, we (Parent, legal guardian if applicable) authorize **One Step at a Time Counseling Services, LLC**. (Hereinafter referred to as OSAT) and representative **Qualified Mental Health Providers (QMHP)** of their chance to administer treatment to me and to continue such treatment as deemed professionally necessary.
2. I/We do hereby authorize psychiatric, psychological, diagnosis or treatment by a physician, therapist and /or authorize qualified mental health provider by **One Step at a Time Counseling Services, LLC**. Treatment may be rendered to said client under general, specific or special consent of **OSAT**, whether such diagnosis or treatment is rendered at the office of the psychiatrist, therapist, or **QMHP**. It is understood that this consent is given in advance of any specific diagnosis of treatment being required, but is given to encourage and authorize those persons, (physicians, **QMHP**) to exercise their judgment as to the requirements of such diagnosis or psychotherapeutic treatment.
3. I/We further agree to be actively involved in the treatment plan as prescribed by the treatment team of **One Step at a Time Counseling Services, LLC**. While the aforementioned client is in treatment. I/We understand that included in such treatment plan would be my/our involvement in regular family, individual, or group therapy sessions, scheduled in accordance with State, Federal and/or pay or source guidelines. **I understand if coverage is cancelled for any reason I am responsible to pay to continue services as rendered.**
4. No guarantees or assurance have been given by anyone to the results that may be obtained.
5. I/We consent to be contacted following discharge for purposes of obtaining information of assistance in efforts to improve the quality of care (i.e., client satisfaction surveys, etc.)

**This consent shall remain in effect commencing on the date of admission to One Step at a Time Counseling Services, LLC. Unless sooner revoked in writing and delivered to said physician, therapist, or QMHP of ONE STEP AT A TIME COUNSELING Services**

1. I/We understand One Step at a Time Counseling Services, LLC. Provides these services regardless of the client's ability to pay. If able I/We agree to pay when services are rendered and charged.
2. I/We have read the Consent for Treatment form, understand all of its content and sign my/our name(s) hereunder freely, voluntarily and without coercion.

**I/We agree to give 24-hour notice of cancellation if not participating in planned services and understand that not showing up for planned services, the treatment plan may be reviewed by treatment staff to determine the appropriateness of continued treatment or, discharge.**

**I/We have provided the information in the Initial Intake Packet and, upon review, find it to be accurate to the best of my/ our knowledge.**

**I/We have read and received the Privacy Practice Notice Forms and have been discussed with me, and I understand how my health information will be handled and used through One Step at a Time Counseling Services, LLC.**

**I/We have read and received the Client Grievance Policy and Procedure Form and have been discussed with me, and I understand that if there is a grievance, I may file a complaint with the ONE STEP AT A TIME PRIVACY OFFICER.**

\_\_\_\_\_  
**Signature of Client**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Independent Contractor Signature**

\_\_\_\_\_  
**Date**