

**CONSENT FOR SERVICES**

I acknowledge that I have received a statement of the policies of Judi Daly LICSW including

- Professional Qualifications/ Disclosure information regarding Judi Daly LICSW
- HIPAA/Privacy Policy
- Information on what constitutes professional misconduct and how to file a complaint
- What to do in an emergency
- General policies/practices

My signature indicates that I agree and consent to participate in psychotherapy with Judi Daly, a licensed independent clinical social worker. I understand that I am consenting and agreeing only to those services that Judi Daly, LICSW is qualified to provide within the scope of her license, certification, and training. I understand that Judi Daly is an independent provider, renting space at Counseling Connection. I am aware that I can discuss any concerns I have about Judi Daly’s policies/practices or treatment directly with her.

If the client is under the age of eighteen or unable to consent to treatment, I attest (and know that I may be asked to show documentation) that I have legal custody or guardianship of him/her or am otherwise legally authorized to initiate and consent to treatment on behalf of him/her.

I authorize Judi Daly LICSW to communicate with my insurance company for authorization and care coordination as required by the insurance company.

I understand that my participation in psychotherapy is completely voluntary, and that I may terminate treatment at any time. I understand that I will create treatment goals with Judi Daly LICSW and that those goals may change during our work together. I understand that psychotherapy is not guaranteed to be effective, and there may be unanticipated and possibly unwanted results from engaging in a psychotherapy process.

I understand the content of this document and I hereby give permission for Judi Daly, LICSW to engage in psychotherapy with me or the person I am authorized to sign for:

Name of Client: \_\_\_\_\_ Date of Birth of Client \_\_\_\_\_

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Signature of client, guardian or other authorized person

Date

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Signature of client, guardian or other authorized person

Date

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Judi Daly, LICSW

Date