

L. Chris Cannida, LPC-S, CCPT
425 E. 22nd St., Ste. 103D, Owasso, OK 74055
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CONSENT FOR TREATMENT

I give my consent to L. Chris Cannida, MS, LPC to provide evaluation, treatment and/or other services that have been mutually determined appropriate and that these services will be rendered in a professional manner, consistent with accepted ethical standards.

I understand that, as described by the professional disclosure provided by Ms. Cannida, by entering this relationship, and over the course of treatment, that there might be a *temporary* increase in emotional distress, possibly indicating that important work and progress are being made. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this clinician. Every effort will be made to make appropriate referrals or adjustments to service as needed.

I acknowledge and indicate that I have received and have read in their entirety, the following documents:

- HIPAA (Notice of Privacy Practices)
- Professional Disclosure for L. Chris Cannida, MS, LPC (OKLPC #5621)
- Social Media Policy
- Office Fees for Service

- I understand that if payment for services is not made, my services could be discontinued.

- I understand that I can discontinue my therapy at any time, though will make every effort to discuss my decision with Ms. Cannida. Should I discontinue without informing Ms. Cannida during face-to-face session or in writing, I attest that Ms. Cannida will not be held liable for any distress caused by my decision to forego the counseling support provided up to that point.

Due to the typical work of clinicians, I understand that it may take up to 24 business hours for my phone calls to be returned by L. Chris Cannida, LPC and that I may contact my psychiatrist, primary care physician, or local emergency room in the event of a medical emergency.

Signature of Client/Responsible Party

____/____/____
Date

Signature of Client/Responsible Party

____/____/____ (spouses/partners)
Date
