

## Child & Adolescent Psych Solutions, LLC

5454 Lena Road, Suite 106  
Bradenton, FL 34211  
(941) 500-9055  
Childpsychsolutions.com

### Consent for Psychological Services

I, the undersigned, hereby voluntarily request to receive psychological services from Child & Adolescent Psych Solutions, LLC.

I understand that these services may include psychological assessment, consultation, individual counseling and/or family therapy. I acknowledge that no guarantees have been made to me as to the effect of psychological assessments, therapy, treatment or care of my condition. I further understand that before beginning any testing or treatment procedure, I will be given an explanation of the nature and purpose of such treatment and any probable risks involved. I may refuse any and all services at any time.

I understand that the information I share with the provider will be held in the strictest confidence with the exception of the following reasons as outlined by Florida Statutes: 1) You consent in writing, 2) Someone's life or safety is seriously threatened, 3) Disclosure is required by law, and 4) You file a benefit claim and the claims payer requires information.

I understand that I am responsible for the full payment of all services. In addition, I understand that if I do not attend a scheduled appointment and do not give at least twenty four hours cancellation notice, I will be responsible for the full payment of the session.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_