

Lighthouse Counseling Services, LLC
Consent for Treatment and Agreement to Terms

I. Consent for Treatment

By signing below, you are giving informed consent for treatment.

By signing below, you are also stating that you have received, read, and understood the *Client Information and Office Policy Statement* and agree to its terms, unless otherwise stated in writing.

I give my consent for treatment with Lighthouse Counseling Services, LLC and its associated professional staff to include evaluation, psychotherapy, and involvement in the treatment planning process. I understand that the client may decline at any time specific treatment recommendations.

II. Billing/Cancellations

I authorize Lighthouse Counseling Services, LLC to release the information necessary to Great Lakes Medical Billing, to process any applicable medical insurance claim for services provided by Lighthouse Counseling Services, LLC. I understand that Lighthouse Counseling Services, LLC will release copies of my medical records and information as to the nature of my treatment as requested by the insurance company.

I understand that I will be charged for late cancellations or failed appointments (less than 24 hours). There will be a charge of \$100.00, which is not covered by any insurance. You may leave a message or cancel 24 hours a day.

III. HIPAA/Notice of Privacy Practices/Limits of Confidentiality Statement

By signing below, you are stating that you have received, read, and understood the *HIPAA/Limits of Confidentiality* and agree to its terms, unless otherwise stated in writing.

I hereby acknowledge that I have received and have been given an opportunity to read a copy of Lighthouse Counseling Services, LLC's Notice of Privacy Practices. I understand that I can contact Lighthouse Counseling Services, LLC if I have any questions regarding the Notice of my privacy rights.

Client's Signature

(or parent/guardian if minor):

Date

Spouse's Signature

(for marital counseling):

Date

Name of minor being treated

(if applicable):
