**Consent to Treatment**

I seek and consent to take part in the treatment provided by Stephanie Wright Consultation, PLLC. I understand that developing a plan for my treatment and regularly reviewing progress toward goals are in my best interest. I will participate actively and collaboratively in this process.

I know that I must call to cancel an appointment *at least 24 hours in advance* of my scheduled appointment time. If I do not cancel at least 24 hours in advance I will be charged a late-cancel fee of $50.00. If I do not show up for my appointment, and have not called to cancel, I will be charged a no-show fee of $50.00.

The services provided involve a relationship in which I will take part in exercises and discussions intended to help me reach my personal goals. I understand that in this process, I will very likely feel an increase in distress from time to time. I will discuss this with my therapist to facilitate my growth and help me continue to work toward my goals. I also understand the practice of psychotherapy is not an exact science and I acknowledge that no guarantees or promises have been made to me as to the results of the treatment provided. I will work with my therapist and actively participate in my treatment.

I understand that my sessions are kept confidential, unless I am at risk of harming myself or another person, or in cases of suspected child or elder abuse or neglect. I agree to disclose any thoughts of harming myself or another person, and to work with my therapist to develop and implement a plan for the safety of all involved. My therapist is a mandated reporter, meaning there are ethical and legal obligations to breach confidentiality if I am at serious risk of harming myself or another person. I also here fully release Stephanie Wright Consultation, PLLC from any liability regarding behaviors I may engage related to therapeutic goals or outcomes.

* I have read this form or it has been read to me and I understand the contents. I understand that this consent is ongoing and I have the right to terminate treatment at any time. My only responsibility at that point would be to pay for services I have already received.

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Signature Date

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Consultant Date