

**Dr. Jean-Machelle Benn-Dubois, NCC, LPC, ACS
International Psychologist & Consultant
Cedar Valley, P. O. Box 1266, St. John's, Antigua
Tel: 268-726-3083/268-771-3085**

Consent to Treatment

- 1. I do hereby seek and consent to take part in clinical treatment with the above named psychologist. I understand that developing a treatment plan with this psychologist and regularly reviewing our work towards meeting the treatment goals are in my best interest, I agree to play an active role in this process.**
- 2. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by the psychologist.**
- 3. I am aware that I may stop my treatment at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment (such as employment benefits or answer to the court if applicable).**
- 4. I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel or do not show up, I will be charged 50% of the service fee for that appointment.**
- 5. I am aware that I may submit a claim with my insurance company for reimbursement of services and in doing so information about the diagnosis, cost, dates of treatment will be shared.**

My signature below confirms my understanding and agreement with above statements.

Signature – Client

Date

Print name

I, Dr. Jean-Machelle Benn-Dubois have discussed the above issues with the client / (legal representative). My observations of this person's behavior and responses give me no reason to believe that the person is not fully competent to give informed and willing consent.

Dr. Benn-Dubois

Date