



Tara Yardley LPC LLC

Treatment Contract

Client Name: _____

Chart #: _____

Guardian Name: _____

DOB: _____

I, _____ (print name), voluntarily consent to enter into counseling, or give my consent for the minor named above under my legal guardianship to enter into counseling, with Tara Yardley LPC LLC. I consent to have treatment provided by one of the Licensed Professional Counselors (LPCs) or Provisional Licensed Professional Counselors (PLPCs) on staff. The risks, benefits, rights, and responsibilities have been outlined for me in the Informed Consent for Counseling Services. I certify that I have read and understand this information. I understand that either party can discontinue therapy at any time and that this decision should be discussed by the parties to facilitate a better discharge plan.

I understand my financial responsibilities for my treatment. I understand that payment is required in full prior to the treatment session, unless I am requesting the claim to be presenting to my insurance. If claim is presented to insurance, I understand that my copay and/or coinsurance is required prior to the treatment session.

- By checking this box I authorize Tara Yardley, LPC LLC to release information to my insurance company on file for authorization of services and payment of claims. _____ Initial here

I understand that if I refuse to participate in the counseling process, refuse to abide by the policies of Tara Yardley LPC LLC, engage in physical violence, verbal abuse, or any illegal act directed at staff or other clients of Tara Yardley LPC LLC, I may be discharged from counseling services.

I certify I have received a copy of the "Notice of Privacy Practices for Protected Health Information" and that I understand the privacy policies.

- I understand that there is a \$40.00 cancelation fee that will be billed to me, in the event that I do not give a 12 hour notice, unless in case of an emergency.

I have had an opportunity to ask questions before consenting to treatment.

I agree to abide by the stated policies of Tara Yardley LPC LLC.

Signature of Client\Legal Guardian

Date

Counselor

Date