

# Myra J. Mayesh, MA, MFT

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## CONSENT TO TREATMENT

I, \_\_\_\_\_, the undersigned, understand that I am consenting to counseling and psychotherapy treatment with Myra J. Mayesh, a Licensed Marriage and Family Therapist.

I understand that I will pay a fee of \$\_\_\_\_ per session, which is due and payable at the time of service, and that if I miss a scheduled appointment without giving 24 hour notice I will still be obligated to pay for that session.

I also understand that my therapist is bound by professional ethics which require strict confidentiality in the treatment of all information about me; no information I have shared with my therapist will be released without my consent. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- A. When there is risk of imminent danger to myself or to another person, the clinician is ethically bound to take necessary steps to prevent such danger.
- B. When there is suspicion that a child, elder, or dependent adult, is being abused or is at risk of abuse, the clinician is legally required to take steps to protect that person and to inform the proper authorities.
- C. When a valid court order is issued for medical records, the clinician is bound by law to comply with such requests.

I understand that while counseling/psychotherapy may provide significant benefits, it may also pose risks. Therapy may elicit uncomfortable thoughts and feelings, or may lead to the recall of troubling memories.

If I have any questions regarding this consent form or about the services offered, I may discuss them with my therapist at any time. I have read and understand the above. I consent to participate in the services offered and I understand that I may stop treatment at any time.

Client Name: \_\_\_\_\_ Signature : \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_