

CONSENT TO TREATMENT

I acknowledge that I have received, read and understand the "Statement of Patient Rights and Confidentiality" sheet.

I do hereby seek and consent to participate in treatment with Dr. Rogell.

I am aware that the development and review of the progress, or of a Treatment Plan is in my best interest and may be required by governmental, funding, accrediting or other agencies and I agree to actively participate in this process.

I am aware that the practice of psychotherapy or counseling is not an exact science and so predictions of the effects and effectiveness are not precise nor guaranteed. I acknowledge that no guarantees have been made to me regarding the results of treatment or procedures provided by Dr. Rogell.

I am aware that I may terminate my treatment at any time without consequence, but that I will still be responsible for payment for the services I had received.

I am aware that any cancellations of appointments must be made more than 24 hours in advance of the appointment and that if I do not cancel and do not show up I will be charged for that appointment. I understand that the charge for a missed appointment is the standard fee that I pay for an appointment and that my insurance company will not pay for this.

I am aware that an authorized agent of my insurance carrier or other third-party payer may request and be provided with information about the type(s), cost(s), date(s) and details of any services or treatments I receive here, so that payment may be provided to Dr. Rogell.

I am aware that if I have not paid for services received, Dr. Rogell may discontinue my treatment.

I am aware that neither this office nor Dr. Rogell is responsible for any personal property or valuables I bring into its facilities. I acknowledge that, if I or anyone else for whom I am legally responsible, deliberately causes damage or steals any property of this office, I will be held financially responsible for its replacement.

I certify, with my signature below, that I have read, had explained to me where necessary, fully understand, and agree with the contents of this Consent to Treatment.

Signature of Client

Date