CONSENT TO TREATMENT FOR A YOUNG ADULT

As a legal adult in the state of Connecticut, I, _____

give my consent for Dr. Abbott to provide the following services/procedures/treatments/assessments:

1. General Psychotherapy
2. _____

These are for the purpose(s) of:

1. General Psychological Issues and Concerns
2. _____

Services are to be provided by Arete clinicians or by another professional as the therapist/client sees fit. The fees for these services will be $ **200.00** for the initial 1.5-hour Intake, and $**150.00** per hour of service ongoing, or $**TBD** for the full services. All fees are to be paid at the time of service unless otherwise agreed.

Information on this therapist's office policies concerning payment, scheduling, missed appointments, and other details of this practice have been provided to me and I have had the opportunity to ask any questions I may have had. I understand, to the extent that it is possible to determine beforehand, the risks and benefits of receiving these services and the risks and benefits of *not* receiving these services.

I agree that this professional may also interview, assess, or treat these other persons:

_____

Due to the laws of this state and the guidelines of the therapist's profession, you have certain rights regarding confidentiality in treatment. Arete's policy is to make every effort to foster open communication and disclosure when clinically indicated between family members, however we will adhere to applicable APA guidelines and state laws when mandated. Please see the Informed Consent form for further information.

My signature below means that I understand and agree with all of the points above.

_____ _____

Signature of client Date

I, the therapist, have discussed the issues above with the client, and their parent or guardian if indicated. It is my professional judgment that these persons are fully competent to give informed and willing consent to this course of treatment.

_____ _____

Signature of therapist Date

☐ Copy accepted by parent/adolescent ☐ Copy kept by therapist

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.

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