



CONSENT FOR TREATMENT

- I have read and understand the information provided in the Policies and Procedures, Therapeutic Process and Confidentiality forms. I have discussed any questions that I have regarding this information with my provider. My signature below indicates I am voluntarily giving my informed consent to receive counseling services and agree to abide by the policies listed in this consent. I authorize **Harmony Harbor Counseling, LLC** to provide counseling services that are considered necessary and advisable.
- I understand that a **missed appointment or late cancellation (less than 24 hours) will be charged the full fee.**
- I acknowledge that I am financially responsible for payment in full and that HHC is fee for service. I also understand Harmony Harbor Counseling is out-of-network with some insurance companies and I authorize the **release of treatment and diagnosis information** necessary to process bills for services (e.g., Superbill), if requested by myself and/or my insurance company. I understand fees not covered by insurance are my responsibility and that Harmony Harbor Counseling, LLC may utilize payment recovery procedures after reasonable notice to me, including a collection company or collection attorney.
- Consent to Treatment of Minor Child(ren): I hereby certify that I have the legal right to seek counseling treatment for minor(s) in my custody and give permission to Harmony Harbor Counseling, LLC to provide treatment to my minor child(ren).** If I have custody documents, I will provide the appropriate court documentation prior to or at the initial session.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND RECEIVED A COPY OF THE POLICIES AND PROCEDURES, THERAPEUTIC PROCESS, AND LIMITS OF CONFIDENTIALITY AND AGREE TO THE TERMS.

Signature of Client/Legal Guardian	Printed Name	Date

Printed Name of Minor Child	DOB	Date

EMERGENCY CONTACT

It is necessary that Harmony Harbor Counseling has someone to contact on your behalf. In case of an emergency who should we contact?

Full Name: _____ Relationship: _____

Phone Number(s): _____

Please check here that you agree and sign below. Thank you.

- I agree to allow Harmony Harbor Counseling to contact my emergency contact on my behalf in the case of an emergency, as determined by my provider. I authorize the release of necessary information and understand that the minimal amount of information will be disclosed.

Signature: _____ Date: _____