

**CLIENT INFORMATION
&
CONSENT FOR TREATMENT**

Name _____ Age _____

Address _____

Phone (H) _____ (C) _____ (W) _____

Referred by _____

A session is 50 minutes at a fee of \$120.00

If you ever need to cancel a session, please give a 24 hour notice. Without a 24 hour notice, you will be charged for the session.

I require payment at the time of services.

What you talk about in session is confidential, with the following limitations:

- You request a release of information.
- There is reason to believe you are in danger of harming yourself/others.
- There is reason to believe that a child/elderly person or disabled person is/has been in danger of physical, sexual or emotional abuse.
- A court orders release of information.
- Clinical supervision of your therapist
- Legal consultation

Please review and complete the following forms and send back to me as an email attachment. This will allow for more time to focus on your concerns.

- [Client Information and Consent for Treatment](#)
- [Notice of Privacy Practices and Acknowledgement of Receipt](#)

If you would like to coordinate care with another provider (for example, your physician, etc.), complete this form:

- [Release of Information](#)

Consent for Mental Health Services:

I, the undersigned, agree and consent to participate in the mental health services offered and provided by Randi Love, MA, LMHC. I understand that I am consenting and agreeing only to those mental health services that Randi Love, MA is qualified to provide within the scope of her license, certification, and training. I acknowledge that no representations, warranties or guarantees as to results or cures have been made to me or relied upon by me. I have read this statement and understand and acknowledge its provisions. By signing this, I am giving my consent to treatment.

Signature _____ Date _____

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