Inner Balance Psychotherapy Associates

Joy B. Krumenacker, LPC, NCC
575 Allegheny Ave
Oakmont, PA 15139
412-501-3281

Informed Consent/Agreement to Pay for Professional Services

Your signature below indicates that you have read the information in this document and agree to abide by its terms during our professional relationship.

I, the client (or his or her parent or guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand I can choose to discuss my concerns with you, the therapist, before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this information packet, I can talk with you about them, and you will do your best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with you before ending therapy with you.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues and points in this information packet. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this information packet. I hereby agree to enter into therapy with this therapist, as shown by my signature here:

Print Your Name_____ Sign/Date_____

I, the therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this information packet. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

_____

Signature of therapist/Date

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I am requesting that the psychotherapists of Inner Balance provide me with professional psychotherapy services.

I agree to pay the fee of $_____per session for psychotherapy services. The financial relationship will continue until it is agreed upon by myself and my psychotherapist to conclude sessions. I agree that I am financially responsible for all charges including no-show fees ($50).

_____

Signature of client/Date

_____

Printed name

_____

Therapist signature/Date