

IAS COUNSELING SERVICES

CONSENT TO THERAPY

Deborah Wieland, M.S. LMFT #96864

Client Name: _____

Referred by: _____

Reason for seeking therapy: _____

I apply for and consent to counseling, psychotherapy and diagnostic testing as prescribed by the therapist. I agree I am responsible for the payment of \$ _____ per session (50 minutes), which is due and payable at the time of the session.

I understand that **any appointment not kept or cancelled with less than 24 hours** notice will be charged to me (*Monday appointments call by 5pm on Friday*). I consent to communication with the referring professional should the therapist consider it to be in my best interest.

I understand that my therapist is pre-licensed and is under the supervision of a licensed therapist and will discuss the case in supervision.

I understand that the therapist is obligated to report to authorities or take other protective measures should it become apparent there is danger to the client or others, or if there is reason to suspect child, spousal or elder abuse.

Signature of Client: _____ Date: _____

Printed Name: _____

If Client is a minor, Signature of Parent/s or Guardian: _____

2nd Parent: _____

Location: 17111 Beach Blvd #203 Huntington Beach 92647

Email: talkthatheals@gmail.com Appointments call: 714-717-1279