

Consent for Treatment

This consent signifies that the undersigned has agreed to participate in professional counseling services at Better Tomorrow Counseling, LLC. Further, the undersigned acknowledges that all counseling services rendered are confidential, unless mandated by the Mental Health Code Laws in the State of Indiana. The following areas are also agreed by the undersigned as it applies to therapist/client relationship based on needs or as the following necessitate for use in the duration of sessions with the undersigned:

Use of Electronic Devices:

Emails, Teletherapy, and Texting are convenient ways to communicate with our clients, however, the undersigned recognizes that all communication methods listed can have the possibility of being breached. The undersigned does not hold the therapist of Better Tomorrow Counseling liable if these methods are used with regards to providing communication to or from the therapist.

Consent for Counseling Minors:

The undersigned consents to their minor child being seen on a one on one basis by the therapist. By seeing the minor on an individual basis, the parent or legal guardian agrees that in order to build therapeutic trust this format is deemed best. How sessions will take place is agreed upon by the parent, minor child and the therapist upon initial intake. Furthermore, the initial intake session requires the parent or legal guardian to be present to sign all legal documents in the presence of the therapist and the minor child.

Late Fee of \$25:

A late fee will be assessed if the client does not give at least a 24-hour notice of cancellation of scheduled appointment. Payments will be expected before scheduled appointment. Each session must be paid via Cash App, Zelle, and PayPal. Services are private pay only, no insurance accepted at this time.

My signature above verifies that I have read the above consent, I understand and agree to the request made herein:

X

Signature of Client, Parent or Gaurdian

X

Date