

# TALK, INC. Consent for Treatment

I consent to receive services through TALK, INC. I understand my participation in therapy includes an appointment with behavioral health professionals, who may recommend various therapeutic approaches. I consent to participate in an assessment in order to determine what services or therapeutic approaches may be most appropriate for me. I agree to participate in the development of my treatment plan, and to participate in the goals outlined in that plan.

I understand that I have the right to be informed about specific therapeutic approaches, including information about risks, benefits and alternatives to each service proposed by my clinician.

I understand in therapy sometimes things can get worse before they get better. If I am affected negatively by any approach provided, I will speak to my therapist to determine next steps.

I understand that I have the right to refuse or discontinue any service through TALK, INC. In cases where services are ordered by a court, I may still refuse to participate in recommended services; however there may be a legal consequence from failure to follow recommended services.

I understand that in the event that I fail to keep appointments and/or remain out of contact for 30 days, services may be discontinued or interrupted. I further understand that attempts will be made to notify me directly or in writing.

I understand that there will be charges for services that I am provided. TALK, INC. operates on a sliding scale fee system (\$50-\$120 per session—see table below), and does not bill insurance. I understand that it is my responsibility to contact my insurance company to inquire regarding reimbursement for services. I understand that payment is expected at time of service, and that I may pay by cash, check or card. I further understand that if I need to change my fee agreement due to financial hardship, it is my responsibility to communicate this with my therapist. I agree to pay the following amount for therapy sessions: \$ \_\_\_\_\_

I further understand that if I am in need of regular professional consultation/coordination with other providers, professional consultation with significant others/family members, or extensive case management services, I may be incur fees beyond face-to-face sessions with my therapist. These charges will be outlined in a fee agreement contract, signed by myself and my therapist, and agreed upon prior to additional charges being incurred.

I understand that this consent is effective for the duration of my services, unless expressly revoked. I further understand that I will receive a written copy of my **CONSENT TO TREATMENT** and **NOTICE OF PRIVACY PRACTICES** each year during the annual review process.

**My signature below indicates that I have been oriented to TALK, INC therapy services and received a copy of the TALK, INC CONSENT FOR TREATMENT and NOTICE OF PRIVACY PRACTICES and that I consent to participate.**

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Individual Name (Print)

Individual/Caregiver Signature

Date

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Witness Name (Print)

Witness Signature

Date