COUNSELING SERVICES CONSENT TO THERAPY

Dr. Deborah Wieland, PsyD. LMFT #96864

Client Name: ______________________________ Client Name: ______________________________

Reason for seeking therapy: ____

I/We consent to counseling, psychotherapy, and diagnostic testing as prescribed by the therapist. I/We agree to be responsible for all copay/coins or cash payment of $ __________ per session (50 min /w notes), which is due and payable at the time of the session.

Missed session/No show fee $ 75.00 Initial ___________

I understand that **any appointment not kept or cancelled with less than 24 hours** notice will be payable by me (***Monday appointments call/text by 3pm Sunday***). Initial _______________

I consent to communication with the referring professional should the therapist consider it in my best interest. I consent to insurance information to third-party billing associates. Use of insurance is not a guarantee of payment, and if insurance denies payment or is canceled anytime during treatment, ***I will be responsible for paying the regular fee of $225.00***. Initial ________

I consent to receive or send text messages to my cell phone for scheduling or other communication. I consent to EMDR therapy when needed as directed by the therapist. I consent to video therapy sessions when the therapist determines at https://doxy.me/dwielandtherapy; https://easy-emdr.com/emdr-telehealth.html. I understand that the therapist is a mandated reporter in California and is obligated to report to authorities or take other protective measures should it become apparent there is a danger to the client or others, or if there is reason to suspect child, spousal, dependent, or elder abuse.

Signature of Client: ______________________________________ Date: ___________________

Signature of Client: ______________________________________ Date: ___________________

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

2nd Parent: ____

Location: 10061 Talbert Ave., #200 Fountain Valley 92708
Email: talkthatheals@gmail.com Appointments call: 714-408-3702