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CONSENT TO TREATMENT

(OUR AGREEMENT)

I acknowledge that I have received, have read (or have had read to me), and understand the "Professional Statement" and specifically the "Notice of Privacy Practices" within it and/or other information about the therapy I am considering. I have had all my questions answered fully and agree to its terms.

I do hereby seek and consent to take part in the treatment by licensed clinical psychologist, Nancy Lin, Ph.D. I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I am aware that I may stop my treatment with this psychologist at any time. The only thing I will still be responsible for is paying for the services I have already received.

I understand that no promises have been made to me as to the results of treatment or of any procedures provided by this therapist. I understand that my willingness to be honest and my readiness to change play a big part in treatment success and safety. Hence, I agree to be truthful regarding issues that are relevant to my safety and those of others, including but not limited to current illegal drug use, suicidal or violent behaviors and knowingly behaving recklessly or dangerously.

I know that I must attempt to contact Dr. Nancy Lin to cancel an appointment at least 24 hours before the time of the appointment by voicemail, email or messaging. If I do not cancel and do not show up, I will be charged for that appointment unless my third-party payer prohibits this. I understand that I am allowed 2 instances of last-minute cancellations for reasons other than illness; if I accrue a third, I may be terminated from treatment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. TriWest and TriWest may be given my treatment session notes as a part of our contractual agreement.

My signature below shows that I understand and agree with all of these statements.

_____ _____

Signature of Client Date

I, Nancy Lin, have discussed the issues above with the Client. My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____ _____

Signature of Nancy Lin, Ph.D. Date

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law. (Updated January 3, 2018.)