

Consent to Treatment

I acknowledge that I have received, read, and understand the "Private Practice Policy for Psychotherapy."

I do hereby seek and consent to participate in treatment by Kirsten Madsen.

I am aware that the information I share in a therapy session is confidential and will not be disclosed to anyone without my written permission, except when disclosure is necessary to protect myself or someone else from imminent harm, and when such disclosure is required by law (including for use of health insurance).

I am aware that the prediction of effects of psychotherapy/counseling is not exact. I acknowledge that no guarantees have been made to me regarding the results of services provided by Kirsten Madsen.

I am aware of the fee schedule, payment methods, and cancellation/missed session policies.

I am aware that I may terminate my treatment at any time without consequence, but I will still be responsible for payment of services rendered. Likewise, nonpayment of fees will result in termination of professional services and fee collection for services rendered.

I am aware that Kirsten Madsen is not responsible for any personal property or valuables that I bring into the facilities.

I am aware that Kirsten Madsen is not liable for any accidents or physical injuries sustained while on the property.

Signature of Patient

Date