



Consent for Treatment of a Minor

**Janet Adams MS, LPC, LMFT
11107 McCracken Circle Unit D
Cypress, Texas 77429
281-772-4562**

I, _____, hereby voluntarily consent for psychotherapy with Ms. Janet Adams, MS, LPC, LMFT, for my child, _____.
Mental Health and personal goals with determine the modality of psychotherapy utilized throughout the course of treatment. I also acknowledge that the practice of psychotherapy is not an exact science and that no guarantee has been made to me as to the result of psychotherapy with Ms. Adams.

Fee Schedule

Individual Therapy	50-60 Minute Session	Call for pricing
Family/couple Therapy	50-60 Minute Session	Call for pricing

Policy on Billing

1. Appointments must be canceled 24 hours in advance or client will be charged for full session.
2. Fees are to be paid at time services are rendered. Payment may be by cash, check, or credit card.
3. If there is financial need, a sliding fee will be considered when setting fees prior to the intimal session.

I have read the above statement and understand the policies.

Client or Legal Guardian

Date

Client or Legal Guardian

Date