Consent for Treatment of a Minor

Janet Adams MS, LPC, LMFT LLC

11107 McCracken Circle Unit D
Cypress, Texas 77429
281-772-4562

I, _____, hereby voluntarily consent for psychotherapy with Ms. Janet Adams Licensed Marriage and Family Therapist, for my child, _____.

Mental health and personal goals will 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	55-60 Minute Session
Family/Couple Therapy	55-60 Minute Session

Policy on Billing

1. Appointments must 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 initial session.

I have read the above statements and understand the policies.

_____ _____
Client or Legal Guardian Date

_____ _____
Client or Legal Guardian Date