

Centers for Family Change Service Agreement

Signature Page

CONSENT TO RECEIVE THERAPY SERVICES

By signing the Centers for Family Change Service Agreement I/we acknowledge that I/we have read, understood and accepted all the terms and information contained herein, are making an informed choice to consent to therapy (with its attendant risks and rewards), and that ample opportunity has been offered to me/us to ask questions & seek clarification of anything unclear to me.

Your signature also indicates that you are consenting to allow your Centers for Family Change therapist to contact you by phone and mail (and email for billing purposes and appointment reminders, only), to receive written notice & billing statements (these will be sent to your home address, your email address, or to the address of the party responsible for payment), and to allow other Centers for Family Change staff to contact you, if this is deemed necessary by the Centers for Family Change.*

_____	_____	Date: _____
_____	_____	Date: _____
_____	_____	Date: _____

Persons 11 and older

Parent or Guardian

Witnessed by: _____ Date: _____

*Any exceptions or modifications regarding how to contact you must be presented to your Centers for Family Change in writing.

Please note that Centers for Family Change cannot assume responsibility for correspondence sent to you by your insurance company.