

## Client Consent Form

I, \_\_\_\_\_, have applied for mental health services for myself or my child, \_\_\_\_\_, with Chris McKenna, M.F.T. (license #37075), L.P.C.C. (license #1533). I understand and agree to the following conditions:

1. I am aware that Chris McKenna is a Marriage and Family Therapist and Professional Clinical Counselor licensed by Board of Behavioral Science Examiners and the State of California.
2. Confidentiality: Information regarding sessions is confidential and will not be shared with outside parties without my written consent, except in the following cases:
  - a. The confidential context of consultation with other professionals for whom the client has given written consent agreeing to the sharing of appropriate information regarding treatment.
  - b. I am aware that California law requires that Chris McKenna report any incidents of suspected child abuse and intention to injure myself or other people.
  - c. I am aware that non-custodial parents have the right to information about their children's treatment (including records).
  - d. I am aware that, in some circumstances, Chris McKenna may be subpoenaed by the court.
3. Regarding payment of services rendered: A \$200 hourly fee for treatment services will be charged.
  - a. I will pay for services per session by check. I understand that Chris McKenna will provide me with a super bill for each month of service indicating all services, charges and payments, and is required to indicate dates of service, procedure code, charge, and diagnosis code for insurance purposes.
  - b. I understand that I am fully responsible for payment of all fees. I understand that unpaid or delinquent fees may be turned over to a collection agency.
  - c. I will give 24 hours notice to cancel an appointment which has been made. I understand that I will be charged the full amount of the session if I cancel with less than 24 hours notice. Chris McKenna will make every effort to reschedule your appointment in the event of illness. If the appointment can not be rescheduled, I understand that I am financially responsible for the canceled session.
  - d. I understand that I will be billed on a prorated basis for telephone calls, which exceed fifteen minutes in length, including those necessary for agreed upon communication between Ms. McKenna and other professionals, in my or my child's treatment.
5. I understand that Chris McKenna does not provide 24-hour per day on-call emergency services. In case of an emergency, I may phone Ms. McKenna and she will return the call as soon as possible.

6. I understand that I will be informed about the course of my treatment/my child's treatment during the course of my treatment/my child's treatment. I also understand I am free to terminate therapy at the time of my choosing.

Parent(s) Client Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_