

## Signature Page

### Practice and Payment Policies and Information for Clients

I have read the Practice and Payment Policies in the handout entitled **Information for Clients**. My signature below indicates that I have read this information and I agree to the procedures and policies covered in this handout. I hereby agree to enter into therapy, and to cooperate fully.

I understand I can choose to discuss my concerns with my therapist, before I start therapy. If at any time during the treatment I have any questions about the subjects discussed in this handout, I can talk with my therapist about them. I also understand that I can review this information at any time at Mental Edge Counseling LLC's website, [www.mentaledgencounselingllc.com](http://www.mentaledgencounselingllc.com). I understand that after therapy begins, I have the right to stop therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress before ending therapy. I understand that no specific promises were made to me by this therapist about the results of treatment, the effectiveness of procedures, or the number of sessions necessary. My signature does not indicate that I am waiving any rights. I understand that I have the right not to sign this form.

### Confidentiality Information

I have read the issues and points in the handout entitled **Confidentiality** Information. My signature below shows that I understand all of the above information about confidentiality. I understand that I can ask any questions I have about confidentiality at any time during treatment. I also understand that I can review this information at any time at Mental Edge Counseling LLC's website, [www.mentaledgencounselingllc.com](http://www.mentaledgencounselingllc.com)

### Cancellation and No-Show Policy

My signature below shows that I understand and agree to comply with the cancellation/no-show policy. I understand that I will be charged my regular session fee if I cancel with less than 24 hours notice or if I do not show up for an appointment.

### Insurance Authorization

If Mental Edge Counseling LLC is billing insurance on my behalf, I authorize release of any information necessary to process my claim. I understand that this is generally limited to my diagnosis, contact information and dates of service.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name