

Janie Grimes, M.Ed., LPC, NCC
207 W. Hickory Street, Suite 213
Denton, Texas 76201
940.218.6632
counselorjgrimes@gmail.com

CONSENT FOR TREATMENT-ADULT

I, _____ hereby give my full consent to receive counseling services from Janie Grimes, LPC, NCC, until I, the client, or Janie Grimes, the therapist, determine counseling services are no longer necessary.

I understand that there is an expectation that I will benefit from counseling but there is not a guarantee that this will occur. There is also no guarantee regarding the duration of treatment. I understand that therapy may deal with sensitive and difficult topics, may elicit uncomfortable emotions, and may lead to individual decisions that may be temporarily disruptive for myself and my family. I understand that all information disclosed within therapy sessions are confidential and will not be revealed to anyone without my permission, unless required by law. **Disclosure may be required by law: (1) When there is a reasonable suspicion of abuse/neglect to a child, dependent, or elder adult; (2) When the client communicates a threat of bodily injury to self or others; (3) When disclosure is required pursuant to a legal proceeding.**

I agree to play an active role in this treatment and I give permission to begin this treatment as shown by my signature below. I understand that I have the right to discuss clinical and treatment related issues with my therapist and to refuse services and discontinue services at any time. I also understand that my therapist may discontinue service for the following reasons: 1) the goal(s) of treatment has been successfully achieved, 2) two consecutive appointments have been missed without notification, 3) three appointments have been missed without notification within 60 days, and 4) there has been no contact with the therapist within 30 days after my last appointment.

I understand that I am financially responsible for all therapy sessions, and payment for said sessions will be due on the day of the session. I also understand that I will be financially responsible for any court reports, appearances, or consultation that are required with the treatment received from Janie M. Grimes, therapist.

_____ By the placement of your initials, you acknowledge your understanding of this Consent for Treatment document. If you have questions, please discuss them with your therapist before signing below.

Client Signature: _____ Date: _____

Counselor Signature: _____ Date: _____