

# *Consent to Treatment*

I agree that I am seeking, and will take part in, psychotherapeutic treatment by

Nilly Barr, MS, LPC, BCIM

**I agree to play an active role in my therapeutic process.**

I understand that I may stop my treatment with this therapist at any time; however, I will remain responsible for paying for the services which I have already received.

**Payment Agreement:** I agree to the fee of \$150 for individual sessions and \$200 for couples/joint sessions. Payment can be made by check, cash, Venmo, (please be mindful of privacy settings), Zelle or credit card. There is a \$5 per session fee for credit card payments.

**Cancellation Policy:** I agree to **cancel or reschedule any appointments at least 24 BUSINESS hours** before the time of the appointment. If I do not honor the 24 business hours policy or fail to keep my scheduled appointment, I understand that I will pay the full fee for that appointment. If my appointment falls on a Monday I will cancel by 12 noon the Friday before my Monday appointment.

**Insurance:** I am aware that Nilly Barr is not on any insurance panels and does not file claims with any insurance companies. Should an insurance company state information to the contrary I will not hold Nilly Barr responsible for any reimbursements. I also understand that if I involve my insurance company, some or all information about my case may be provided to them.

**Confidentiality:** I understand that I am entitled to an expectation of confidentiality from my therapist and that all privacy laws will be practiced according to HIPAA guidelines. Exceptions to this confidentiality exist if I become a danger to myself or others, or if there are concerns for safety of an elderly or child.

**Communication:** I consent to receiving and sending communications via email, text messaging and all other forms of electronic communication, including phone and video sessions. I understand these methods of communication are not completely secure.

Furthermore, I have been offered a detailed HIPAA explanation.

My signature below shows that I understand and agree to the above terms.

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Signature of Client

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Date