☆
Anxiety Treatment
Center of Austin

8701 Shoal Creek Blvd, Suite 404, Austin, Texas 78757
512-879-1836 www.anxietyaustin.com

Consent for Treatment and Acknowledgement of Policies

I hereby grant my permission for any counseling, testing, or diagnostic evaluation that may be deemed necessary by my clinician. I understand that therapy is a joint effort between the clinician and patient, the results of which cannot be guaranteed. Progress depends on many factors including motivation, effort, and other life circumstances. I agree that I will be responsible for the payment of all professional fees. I know that I can end therapy at any time I wish and that I can refuse any requests or suggestions made by my therapist. I have read, understand, and agree to the Office Policies, and I have reviewed this office's "Notice of Policies and Practices to Protect the Privacy of Your Health Information". I have received a copy of these Office Policies and the "Notice of Policies and Practices to Protect the Privacy of Your Health Information." I voluntarily consent to participate in mental health and/or consultation services from the Anxiety Treatment Center of Austin, PLLC.

Please initial the following:

_____ I have been provided a Disclosure Statement which includes my clinician's degrees and credentials. I have read the preceding information and have been informed and understand my rights as a patient.

_____ I have been provided a copy of the Anxiety Treatment Center of Austin, PLLC's Office Policies. I have read and agree to these policies.

_____ I understand that the full session fee will be charged for missed appointments that are not cancelled 24 hours in advance.

_____ I have been provided a copy of the Notice of Policies and Practices to Protect the Privacy of Your Health Information.

Patient Signature: _____ Date: _____
Patient Name (Print): _____

If under 18 – Guardian Signature(s): _____ Date: _____
If under 18 – Guardian Name(s) (Print): _____

Witness/Clinician Signature: _____ Date: _____
Witness/Clinician Name (Print): _____