

Patti Bear, Licensed Professional Counselor

1442 Pearl Street, Unit A, Eugene, OR 97401

pattibearlpc.com

541-357-7468

Informed Consent (Child)

Risks and Benefits

Psychotherapy has both benefits and risks. It requires an investment of your family's time and energy in order to make the process of therapy most successful. We will begin with an evaluation of your needs and your child's needs, and we will develop and discuss a treatment plan in accordance with your goals and aims. Occasionally, individuals or families may go through periods in therapy that may result in emotional discomfort, changes in their relationships, or temporary worsening of symptoms which should subside as the work progresses. Please let me know if you are experiencing increased distress so that we can address it. Remember, your family always has the right to request changes in treatment or to refuse treatment at any time.

Payment for Services

Psychotherapy is a recognized medical service during which I use evidence-based techniques and standard best practices to assist clients in overcoming their presenting problems. My standard fee is \$250 per therapy session and I accept many insurance plans. I am happy to bill your insurance for you if you provide me with your insurance information. If your insurance plan requires a copay or deductible I request that you pay it at the time of service. If you do not have insurance and would like to discuss a payment plan, please let me know.

Your signature below indicates that you and your family:

- Are aware of the risks and benefits of therapy;
- Agree to the payment policy as outlined above and in the fee agreement;
- Have read, understood, and received a copy of the Professional Disclosure Statement;
- Have read, understood, and received a copy of the Communication and Technology Policy;
- Have read, understood, and received a copy of the Privacy Practices;
- Have had any questions about services answered; and
- Are requesting psychotherapeutic services from Patti Bear, LPC, at this time.

Child Printed Name

Parent/Guardian Printed Name

Parent/Guardian Signature

Date