

Signature Page

Informed Consent

I have received and read the document entitled, **Informed Consent** and agree to abide by the practice policies of North Shore Senior Center. I understand that I can talk with my therapist at any time about questions I may have about the practice policies. By my signature, I give permission to North Shore Senior Center to provide psychotherapeutic treatment. I understand that services will be rendered in a professional manner, consistent with accepted ethical standards. I understand that I can refuse or withdraw my consent at any time. I understand that North Shore Senior Center does not offer Crisis Intervention services. If I am experiencing a mental health emergency, I will call 911 or seek treatment at the nearest hospital emergency room.

Rights and Responsibilities of Persons Served

I have received and read the document entitled **Rights and Responsibilities of Persons Served**, and agree to abide by the practice policies of North Shore Senior Center.

Grievance Procedure

I have received and read the document entitled **Grievance Procedure**, and agree to abide by the practice policies of North Shore Senior Center.

Payment for Services

My signature indicates that I understand and agree that **payment is due at the time service is provided**. I understand that I am responsible for any portion of the fee not covered by my insurance provider. I understand that I may submit payment by either credit card or personal check.

Cancellation and No-Show Policy

My signature indicates that I understand and agree to comply with the **cancellation/no-show policy**.

I understand that I must cancel my appointment with no less than 24 hours' notice and that I will be responsible for payment of a \$100.00 cancellation fee if I do not provide said required notice.

Non-Covered Services Policy

My signature indicates that I understand and agree to comply with the **non-covered services policy**.

Signature of Client _____

Printed Name _____

Date: _____