

Consent to Treatment

MDC Serenity Counseling, Marty Devins Horvath, LMSW

1. I, _____ agree to the following conditions regarding my treatment:
2. I hereby consent to participate in necessary therapy or other procedures regarding my concerns with Marty Devins Horvath, LMSW. I understand that I participate on a voluntary basis and that I may terminate at any time I choose.
3. I understand that Marty Devins Horvath, LMSW is a licensed master's level social worker in the state of Kansas and is not licensed to practice medicine.
4. I have had the billing practices of Marty Devins Horvath, LMSW explained to me to my satisfaction and understand that the fees for these services are \$120.00 per 50 minute session. \$150 for initial session. I understand that I am responsible for payment of fees at the time of service. I also understand that if I do not cancel an appointment 24 hours in advance, I will be charged for the appointment.
5. ____ I would like Marty Devins Horvath, LMSW to contact my primary care physician and inform him/her of my treatment needs and plans.

Primary Care Physician Name _____ Phone _____

Address _____

OR

____ I do not wish to have you contact my primary care physician at this time and I will let you know if I change my mind.

6. I understand that all files are kept confidential in their use by Marty Devins Horvath, LMSW. My written consent is required for any release of information by my clinician to other persons or agencies except in cases involving court orders, child abuse, elder abuse, people with disabilities or other vulnerable adults, life threatening situations, and national security issues.
7. No guarantees have been made to me about the outcomes of my treatment,
8. This consent to treatment expires one year from the day it was signed.
9. ____ This form has been explained to me and I have been given an opportunity to ask questions about it.

Client #1 Signature Date

Client #2 Signature Date

Witness Date

Telephone messages identifying Marty Devins Horvath may be left at the following numbers:

Client Name _____ Phone _____ Email: _____