



Mommy Groove Therapy & Parent Coaching

Helping families from belly to baby, toddler to 'tween.

Olivia Bergeron, LCSW

MommyGroove.com

917.747.7017

olivia@mommygroove.com

CONSENT TO TREATMENT

I do hereby seek and consent to take part in the treatment by the therapist named below. I understand that developing a treatment plan with the therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process. I understand that no promises have been made as to the results of treatment or of any of the procedures provided by this therapist. I am aware that I may stop my treatment with this therapist at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment is court-ordered, I may have to answer to the court.) I know that I must call or email to cancel an appointment **at least 24 hours before the time of the appointment**. If I do not cancel and I do not show up, I will be charged for that appointment. I understand that I will be charged for phone calls between sessions lasting over than 10 minutes at a rate that my therapist and I will agree upon. I understand that I am responsible for paying for my sessions at the end of each session, unless another arrangement is mutually agreed upon. I can pay using cash, check (payable to Olivia Bergeron) or credit card. My fee per session has been set at _____.

I acknowledge that I must arrive on time for the start of our sessions. Sessions will last 45-50 minutes. In the case that Ms. Bergeron is running late for a session, every effort will be made to ensure that I receive my full session. Should I arrive late, there is no guarantee that I may receive my full 45-50 minute session, as other clients may be scheduled following my appointment. I am aware that if I decide to use my medical insurance, an agent of my insurance company or other third-party payer may be given information about the type(s), date(s), and providers of any services I receive. I am aware that if I need to reach Ms. Bergeron for any reason, I may call and leave a message at 917.747.7017, or email her at Olivia@mommygroove.com. Messages will be returned as soon as possible. In the case of a crisis or an emergency, I know that I must contact either 911 or 1-800-Lifenet without delay. I acknowledge my right to receive respectful treatment, in a safe treatment setting. I am aware that I may ask for and receive information about my therapist's qualifications, including her license, education, training, experience, and special areas of practice. I understand that I may



Mommy Groove Therapy & Parent Coaching

Helping families from belly to baby, toddler to 'tween.

Olivia Bergeron, LCSW
MommyGroove.com
917.747.7017
olivia@mommygroove.com

refuse to answer any question or provide information that I do not wish to give. My signature below shows that I have discussed the above with my therapist, had my questions answered, and I understand and agree with all of the above statements.

Signature of Client (Or Client's Guardian)

Date

Printed Name Relation to Client (if applicable)