

Christopher M. Muller, LPCC, LLC

Licensed Professional Clinical Counselor | Certified EMDR Therapist

Client Consent For Treatment

Personal Information:

Client Name: _____ SS# _____ Birthdate: _____

I acknowledge that I have been provided with Christopher M. Muller, LPCC, LLC's *Psychotherapist-Client Agreement* and Notice of *Privacy Practices* form.

Signature of Client/Parent/Guardian: _____ Date: _____

I authorize this office to release information necessary to the insurance carrier to expedite insurance claims. I authorize payment of medical benefits for services rendered directly to Christopher M. Muller, LPCC, LLC.

Signature of Client/Parent/Guardian: _____ Date: _____

Family Physician: _____ Phone: _____ Fax: _____

Address: _____

I authorize my therapist to exchange information with the family physician listed above in order to better coordinate services.

Signature of Client/Parent/Guardian: _____ Date: _____

Consent For Treatment

I give my permission for myself and/or my child(ren) to receive group, individual, and/or family therapy from Christopher M. Muller, LPCC, LLC. I understand the risks and limitations of counseling/psychotherapy. I understand that I am not required to participate in these services and that I may withdraw from any or all services at any time.

Signature of Client/Parent/Guardian: _____ Date: _____

In Case of an Emergency

There may be an occasion when you feel the need to reach this therapist and are unable to do so. If such an emergency arises, you can call The Link (Wood County) 24-hour helpline (1-800-472-9411), Rescue Crisis (Lucas County) at (419-255-9585), any area hospital, or your family physician.

I agree to exercise the options listed above under "IN CASE OF EMERGENCY". I also understand that I am responsible for scheduled appointments that I or my child "no shows" without advanced notice. I am responsible for any unpaid balance of my bill should my insurance fail to reimburse Christopher M. Muller, LPCC, LLC in accordance with my contract with them.

Signature of Client/Parent/Guardian: _____ Date: _____