

WUNDERLICH



Counseling & Consulting

CONSENT FOR TREATMENT

1. I hereby consent to receive behavioral health services through Wunderlich Counseling & Consulting Ltd. as provided by Pamela Wunderlich, M.A., LCPC, and have been informed of her professional and legal credentials to perform as an individual counselor, marriage & family counselor, and psychotherapist.
2. I authorize and request the administration of assessments and treatments considered advisable in the diagnosis and treatment of my condition. I understand that counseling is a collaborative process utilizing our emotional, thought and behavioral processes to achieve our desire goals for treatment. I understand my counselor uses traditional and approved counseling techniques that will respect my values, beliefs, faith and relationships and will do no intended harm. I also understand that my counselor receives regular clinical supervision according to the ethical standards and legal requirements of the laws of the state of Illinois.
3. I realize that no particular outcome/result can be guaranteed as a result of my consent to treatment. My counselor has informed me of the benefits and risks of counseling and I am entering counseling with full knowledge that my anxiety, depression and discomfort may increase before any relief is experienced.
4. I hereby release Pamela Wunderlich, M.A., LCPC and Wunderlich Counseling & Consulting Ltd. from responsibility for any injury or harm that might result from my terminating services against clinical advice.
5. I have been given a "Policies and Procedures" form that explains fees, payments, confidentiality, insurance and appointments. I have signed this form and received a copy for my files.
6. I understand the agreed upon fee per session is _____ and that this fee is due in full at the beginning of each session, unless another arrangement has been made. I understand that unpaid account balances over 60 days old without payment plans will be referred for collections.
7. I agree that I will provide 24-hour notice to cancel a scheduled appointment. If I do not give 24-hour notification and the appointment slot cannot be filled, I understand I am responsible for the full session fee. I understand that failed appointments will not be shown on receipts for services.
8. I understand that in the event a Subpoena is issued to Pamela K. Wunderlich or Wunderlich Counseling & Consulting, I will be charged a Subpoena Fee of \$3000.00 to cover time and legal costs.
9. I understand that my confidentiality cannot be guaranteed if I use or request my counselor to use any form of electronic communication including but not limited to e-mail, texting, instant messaging, social networking, video conferencing, et al.
10. I have the right to withdraw my consent to treatment by informing my therapist in writing and attending a final counseling session.

This form has been fully explained to me and I certify that I understand and agree with its contents.

CLIENT NAME(S): (please print) _____

CLIENT SIGNATURE(S): _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE(S): _____ **DATE:** _____

THERAPIST SIGNATURE: _____

Client did not sign because: _____

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