TIDELANDS COUNSELING
MATTHEW CHIRMAN, LMFT #39579, LPCC # 551. ELISE THOMPSON, LMFT# 98196.

1411 Marsh Street Suite 105, San Luis Obispo, CA 93401

Acceptance of Adult Informed Consent and Agreement for Service

Acknowledgement: By signing below, I acknowledge that I have reviewed and fully understands the terms and conditions of this Agreement. I have had the opportunity to discuss the Agreement and Informed Consent with you and have had any questions regarding its terms and conditions answered to my satisfaction. I agree to abide by the terms and conditions of this Agreement and consent to participate in counseling with you. Moreover, I agree to hold you free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from my treatment.

Client Name (please print): ____

Client Signature: ______________________________ Date: _____/_____/_____

For Family Therapy

Signature (family member): ______________________________ Date: _____/_____/_____

Signature (family member): ______________________________ Date: _____/_____/_____

Statement of Financial Responsibility

The agreed upon fee between Tidelands Counseling and I is $____________. Tidelands Counseling reserves the right to periodically adjust the fee. I understand that I am financially responsible to Tidelands Counseling for all charges, including unpaid charges by my insurance company or any other third-party payor. I am aware that I am expected to pay for services at the time services are rendered. I have had the opportunity to read the **About Insurance** handout and to ask questions about coverage, and acknowledge that I am responsible for understanding my benefits and for payment for services not covered by insurance.

Name of Responsible Party (Please print): ______________________________________

Signature of Responsible Party: ______________________________Date: _____________

Name of Responsible Party (Please print): ______________________________________

Signature of Responsible Party: ______________________________Date: _____________