



Anthony O. Wells, Ph.D.

Licensed Clinical Psychologist

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CONSENT TO TREATMENT

I acknowledge that I have received, have read (or read to me) and understand the “Client Rights” handout, “Notice of Privacy Practices,” and other information about the treatment I am considering. I have had all of my questions answered.

I do hereby seek and consent to participate in treatment with “Anthony O. Wells, Ph.D.,” licensed clinical psychologist. I understand that developing a plan for treatment and regularly reviewing our work toward reaching the treatment goals we establish are an important part of therapy. I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment.

I am aware that I may stop my treatment at any time. I will still be responsible to pay for the services I have already received. I understand that if I chose to stop treatment I may face other problems (for example, if my treatment was court-ordered, I will be accountable to the court). A referral to an alternate psychologist or provider may be made.

I must call to cancel an appointment **at least 24 hours prior to** the appointment time (excluding emergencies). If I do not cancel or do not show up, I will be responsible for paying the full fee for the missed session. **Insurance companies do not pay for missed appointments.**

The fee for a 50-minute session is \$_____. My co-pay is_____ and will be paid at the time of each session. Accounts past due 90 days will be referred to small claims court and treatment may be suspended.

I am aware of the laws of confidentiality, and the exceptions to these as mandated by law. I have been given the Notice of Privacy Practices.

My signature below indicates that I understand and agree with all of these statements.

Signature of client Date

Signature of guardian Date

I, **Anthony O. Wells, Ph.D.**, have discussed the above issues with the client (and guardian). My observations of this person's responses and behaviors give me no reason to believe that this person is not fully competent to give informed and willing consent.

Signature of psychologist Date