Janice Wachtel, Ph.D.
Licensed Psychologist
100 Executive Way, Suite 110
Ponte Vedra Beach, FL 32082
Phone: (904)834-2235 Fax: (904)834-3520

Consent to Treatment

I acknowledge that I have received, have read (or have had read to me), understand, and agree to the points in the "Information for Clients" handout.

I do hereby seek and consent to take part in the treatment by Janice Wachtel, Ph.D. I understand that developing a treatment plan with this 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 to me as to the results of treatment or of any 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 has been court-ordered, I will have to answer to the court.)

I agree to pay Dr. Wachtel's fees, as noted in the Information for Clients" handout, for these services. I agree that I am responsible for the charges for services provided by Dr. Wachtel to me (or this client), although other persons or insurance companies may make payments on my (or this client's) account. I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment barring any unforeseen emergencies.

I am aware that an agent of my insurance company or other third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.

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

_____ _____
Signature of client (or person acting for client) Date

_____ _____
Printed name Relationship to client (if necessary)