

**LifeLine Counseling Center
4212 State Route 306 STE-306
Willoughby, OH 44094
(440-942-0100)**

CONSENT FOR CHILD TREATMENT AND COUNSELING SERVICES

I hereby indicate that I have read, understand, and agree to all of the terms of the “LifeLine Counseling Center Policies and Procedures” available at www.lifelinecounseling.net or at the LifeLine Counseling Center offices at 4212 State Route 306 STE-306, Willoughby, Ohio.

I hereby give my consent for the Psychologists and Staff of LifeLine Counseling Center to render psychological treatment and care to the minor child named below, including the performance of diagnostic and therapeutic procedures deemed advisable and discussed with me.

In consideration of any psychological care provided to the individual named below, I assign to LifeLine Counseling Center all my rights to, and any and all medical insurance benefits for, services rendered to the minor child to which I am or may be entitled by any private or public payers.

I understand that I will be fully responsible for any and all charges not covered by medical insurance at the current rates established by Lifeline Counseling Center for all services rendered to the individual named below. In the event that the balance due has to be collected by an outside agency or attorney, I agree to pay collection costs and attorney fees.

This authorization may be revoked in writing at any time except to the extent those actions have been taken in reliance thereon.

I agree that all agreements and contracts between me and LifeLine Counseling Center and its staff are in writing and that there are no oral agreements between myself and LifeLine Counseling Center and its staff. Any modifications of the terms of this agreement must be in writing and signed by myself and my professional provider. This Consent for Treatment and Counseling Services is a contract for services. I have carefully read and understand this contract. I agree that this is a legally binding contract. I agree that the provisions of this contract are reasonable, fair, equitable, and candid. I agree to this contract without undue influence, duress, or coercion from any source. I knowingly, willingly and without exception give my full informed consent to, and agree to abide by and be bound by, each and every one of the provisions contained herein.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ AND UNDERSTAND THE “LIFELINE COUNSELING CENTER POLICIES AND PROCEDURES” AVAILABLE TO YOU AT WWW.LIFELINECOUNSELING.NET, AND CONSENT TO TREATMENT OF YOUR MINOR CHILD IN ACCORDANCE WITH ALL OF ITS TERMS.

Minor Child _____

Both parents must consent to treatment of the minor child. PARENTS SIGN HERE

Signed _____ Date _____
Mother or person authorized to consent for minor child

Signed _____ Date _____
Father or person authorized to consent for minor child