Erin N. Henderson, Ph.D.
Licensed Clinical Psychologist
71 McMurray Road, Suite 112 * Pittsburgh, Pennsylvania 15241
412.568.1250 * erinhenderson@erinhenderson.com

Consent to Treatment and Agreement to Pay for Professional Services

I request that Erin N. Henderson, Ph.D. provide professional services to me or to _____, who is my _____. I agree to pay the fee of $_____ per session for these services. If I am utilizing insurance benefits for these services, I authorize Dr. Henderson to release all necessary information to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

I agree that this financial relationship with Dr. Henderson will continue as long as she provides services or until I inform her, in person or by certified mail, that I wish to end it. I agree to meet with Dr. Henderson at least once before stopping therapy.

I agree to pay for services provided to me (or this client) up until the time I end the relationship. I agree that I am responsible for the charges for services provided by Dr. Henderson to me (or this client), although other persons or insurance companies may make payments on my (or this client's) account.

I have also read this therapist's "Information for Clients" document and agree to act according to everything stated there, including the policy on payment for missed sessions, as shown by my signature below. I acknowledge that I am aware of the risks and benefits of treatment as discussed in the "Information for Clients" document.

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

_____
Printed name

I, the therapist, have discussed the issues above with the client (and/or the person acting for the client). My observations of the person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

_____ _____
Erin N. Henderson, Ph.D. Date