



INFORMED CONSENT FOR PSYCHOTHERAPY

I have read and discussed the information provided by Independent Clinical Solutions, LLC (ICS) outlining various aspects of therapy and services provided. These include ICS's methods of evaluation and treatment and alternatives to treatment. I understand the benefits and risks of treatment. I have also discussed scheduling, fee policies regarding missed appointments, matters related to insurance, and, if applicable, preauthorization and utilization review. I have also read the information provided on confidentiality and privacy practices and have had any questions answered. Further, I understand that there are limits to confidentiality in this relationship.

Signature of Client or Client's Guardian

Printed Name

Date