

**LUSH Families and Couples, 23360 Chagrin Blvd., Suite 102, Beachwood, OH 44122**

**CONSENT FOR ADULT TREATMENT AND COUNSELING SERVICES**

I hereby indicate that I have read, understand, and agree to all of the terms of the “LUSH Families and Couples Policies and Procedures” available at <http://lushfamiliesandcouples.yolasite.com/> or at the LUSH Families and Couples offices at LUSH Families and Couples, 23360 Chagrin Blvd., Suite 102, Beachwood, OH 44122.

I hereby give my consent for the Counselor, Melissa Coan, of LUSH Families and Couples to render psychological treatment and care to the individual 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 LUSH Families and Couples all my rights to, and any and all medical insurance benefits for, services rendered to me 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 LUSH Families and Couples 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 LUSH Families and Couples and its staff are in writing and that there are no oral agreements between myself and LUSH Families and Couples 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 “LUSH FAMILIES AND COUPLES POLICIES AND PROCEDURES” AVAILABLE TO YOU AT <http://lushfamiliesandcouples.yolasite.com/> AND CONSENT TO TREATMENT IN ACCORDANCE WITH ALL OF ITS TERMS.

**ADULT PATIENT SIGN HERE**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
*Adult Patient or person authorized to consent for patient*