

Request and Consent to Treatment

I hereby consent to treatment by Meg Jeske, M.A. of LionTree Counseling.

I have been informed of the nature of treatment and I understand that I may revoke this consent at any time.

As a client of LionTree Counseling, I understand that any information shared by me in the course of treatment will be held in the strictest confidence and will not be divulged to any person or agency without my written permission, with the following exceptions:

1. When required by Oregon Law, as outlined in "Counseling Information Disclosure Statement".
2. Counselors must share client information with their supervisor to ensure quality of client care.



Client printed name

Client signature

Date

Meg Jeske, M.A.

Date

Fee Agreement

The standard fee for a 50 minute session at LionTree Counseling is \$70.

A lower fee may have been negotiated, in which case my agreed upon fee is \$_____.

I agree to pay the set fee at each session by either cash or check. If a check is returned for any reason, I agree to replace the payment, and cover any returned check fees incurred by LionTree Counseling.

I agree to pay for appointments not cancelled with at least 24 hours notice. Missing more than two payments without making a payment arrangement can result in termination of counseling services.

I understand that I will receive at least 2 months notice of any fee increase.

Client printed name

Client signature

Date

Meg Jeske, M.A.

Date