

Laurie J. Estey, M.A., LMHC
SIGNATURE PAGE AND CONSENT FORM

Your signature below indicates that you have read my website and understand:

- 1) Notice of Privacy Form
- 2) Office Policies
- 3) Limits of Confidentiality and that you
- 4) Consent to treatment with Laurie J. Estey LMHC

I understand that I am entering a therapeutic relationship with Laurie J. Estey LMHC. I agree to undertake counseling services with my therapist. I know I can terminate at any time for any reason. I know I have the right to refuse any requests or suggestions made by my therapist that I deem not suitable to me. While I understand that my therapist has knowledge and experience in this field, I recognize that I am the final authority of what I want to incorporate into my life from this counseling experience. I consent to treatment with Laurie J. Estey.

Signature_____Date_____

I, also, agree to consent to communication with Laurie J. Estey using phone, email and texts for purpose of appointment scheduling only. If there is need for a therapeutic phone consultation, the first 10 minutes of phone consult is free, after that the charge is \$25.00 for each 20 minutes.

Signature_____Date_____