

Consent for Treatment Anger Management Education

1. I voluntarily consent to participate in the eight-week anger management education series.
2. I have been given the opportunity for discussion of any concerns that I have regarding the series.
3. I understand:
 - A. That I may withdraw my consent at any time.
 - B. My financial responsibility a \$45 **registration fee** which will be applied to final group session, \$45 **per group**.
 - C. That if I miss an education date, I know that I need to make up that date in the next series or be discharged for non-compliance.
 - D. That I will be charged \$25.00 for any non-sufficient fund checks.
 - E. That in case of inclement weather, I am to call the office prior to my appointment to confirm that the CFC is open. If we have closed, there will be a message on our recording indicating the closure.
 - F. If a minimum of 24-hour notice for cancellations is not given I will be charged at the education series date rate. **NO EXCEPTIONS!**
 - G. A release of information will have to be signed and payment in full prior to reports being released to court.
 - H. That if my therapist or physician must write letters or fill out insurance forms there will be a \$75 charge for this service and that it takes up to a week to complete.
4. I have read and received a copy of the fire evacuation/fire drill procedure. Tornado warning drill procedure, building map.
5. It will be the policy of The Center for Counseling to formally charge a fee for phone calls either before or after business hours. This fee will need to be paid before your next session. The fees are up to 30 minutes = \$45.00, 31-60 minutes = \$90.00, after 61 minutes, the charge will be \$1.00 per additional minute.

Student's Signature/Date

Staff Signature/Date