

Julie Oddone, MS
Licensed Marriage and Family Therapist
MFC48515

Consent to Treat

By signing this form, I acknowledge that psychotherapy is a process. It takes time to develop trust and a working relationship. Processing difficult experiences and emotion can stir things up so they seem harder, not easier at first.

I acknowledge that my (my child's) willingness, intention and engagement in therapy will radically affect the outcome of treatment.

Signed: _____ Date: _____

Fees and Payment

I accept responsibility to pay for psychotherapy services at the rate of \$160/hour. I acknowledge that Julie Oddone, LMFT does not bill insurance, so seeking reimbursement for my payment will be my own responsibility. Acceptable forms of payment include: cash, check, Venmo (@Julie-Oddone) or credit card.

Credit cards are swiped with Square and cost 2.6% more. Yes, my Venmo Account is Private. When using Venmo, please put the date(s) of service in the "what's it for" space, and be sure your account is connected to a debit card to avoid fees. When paying with check, please list dates of service on the check.

I intend to pay: Weekly _____
Monthly _____

Signed: _____ Date: _____