



# Uplifting Therapy

Licensed Marriage and Family Therapist  
Brenda Franks LMFT #96217  
PH: 530.645.2278 FAX:530.441.1277

## CONSENT TO TREAT

I do hereby seek and consent to take part in the treatment. I understand that developing a treatment plan with Brenda Franks, LMFT and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.

I understand that no promises have been made to me as the results of treatment or of any procedures provided by Brenda Franks, LMFT.

I am aware that I may stop my treatment with Brenda Franks, LMFT at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment is court ordered, I will have to answer to the court.)

I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel and do not show up, I will be charged for that appointment.

I am aware that an agent of my insurance company or other third-party payer may be given information about the types(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here are not made, the therapist may stop my treatment.

My signature below shows that I understand and agree with all these statements.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Brenda Franks, Licensed Marriage and Family Therapist #LMFT 96217