



## **EPHESIANS LIFE MINISTRIES**

*Christ-Centered Counseling and Support Groups*  
**301-439-7191/ 301-439-1169 fax**

Rooted in God –  
Committed to your healing

### Main Office

1620 Elton Road, Suite 204  
Silver Spring, MD 20903

### Branch Offices

Clarksburg, Gaithersburg, Rockville,  
Annandale, Fairfax, & Washington, DC

## **Consent for Treatment**

I consent to enter into therapy with Ephesians Life Ministries and I accept responsibility for my part of the counseling process in accordance with the policies and procedures specified in the Ephesians Notice of Privacy Practices and the Statement of Policies.

I acknowledge that I have received a copy of both Ephesians Notice of Privacy Practices and the Statement of Policies which state:

- In the event that my check is returned unpaid, I authorize understand there is a \$30 returned check fee in addition to the amount of the original check.
- For missed appointments or cancellations with less than 24 hrs notice, there is a fee equal to the full fee for your session or, if you are an insurance client, \$65.
- Your therapist may contact your PMD/PCP and psychiatrist to coordinate your care.

\_\_\_\_\_  
Client (Printed)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Therapist (Printed)

\_\_\_\_\_  
Therapist's Signature

\_\_\_\_\_  
Date of Consent

***Please sign two forms – one for your records and one for ours.***

***We cannot treat you without this signed consent form.***