



Rooted in God –  
Committed to your healing

## **EPHESIANS LIFE MINISTRIES**

*Christ-Centered Counseling and Support Groups*

**301-439-7191 301-439-1169 (fax)**

*www.ephesians.org*

### Main Office

1620 Elton Road, Suite 204  
Silver Spring, MD 20903

### Counseling Locations

Clarksburg, Gaithersburg, Silver Spring, Rockville, Clinton,  
Upper Marlboro, Vienna & Northeast DC

## **Consent for Treatment**

### **When Client Has a Legal Representative**

I have read and understand the Ephesians Notice of Privacy Practices and the Statement of Policies and acknowledge that I have received a copy of each document.

I consent for my minor child to enter into therapy with Ephesians Life Ministries and I accept responsibility for my part of the counseling process, including bringing my child to all scheduled sessions.

- In the event that my check is returned unpaid, I 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 the session or, for insurance clients, \$65.
- My child's therapist may contact our PMD/PCP and psychiatrist to coordinate my child's care.

\_\_\_\_\_  
Client's Name (Printed)

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

\_\_\_\_\_  
Client's Representative (Printed)

\_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Relationship of Representative to Client

\_\_\_\_\_  
Description of Representative's Authority

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

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

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

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

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***To know the love of Christ which surpasses knowledge, that you may be filled with all the fullness of God. (Ephesians 3:19)***  
Ephesians is a nonprofit organization. Donations are tax deductible to the extent the law permits.