

DILEK WISE, INC.
1458 Campbell Rd. Ste.250A Houston, TX 77055

Dilek Wise, PhD, LMFT
www.dilekwise.org

Consent to Treatment, Services, & Office Policies

I give full consent for myself or my child/ adolescent to receive outpatient mental health services until I notify Dr. Dilek Wise, LMFT, of any changes or until it is determined that treatment is no-longer necessary. I certify that I have a legal right to seek/authorize treatment for myself and for my child or children. I understand no promises have been made to me as to the results of this treatment or any procedures provided by this therapist. I agree to participate actively to my treatment, and am aware that I may stop my treatment with Dr. Wise at any time. I understand that I am still responsible to pay for the services rendered if this happens. I understand that my decision to stop my treatment or not actively engage in treatment will have consequences that I cannot hold Dr.Wise/Dilek Wise, Inc. liable for.

I understand and agree Dr.Wise/ Dilek Wise,Inc.'s office policies delineated, including the credit card authorization I provided on my file to pay my unpaid balances as well as my missed appointments or late cancellations. I give my full consent to Dr.Wise to apply her policies during and after my treatment until my account is closed and paid in full.

I authorize Dr.Wise and/or her billing staff to file an insurance claim; bill to a third party medical; to collect unpaid balances, to send my account debt to credit bureaus or to small claims court, and to disclose my confidential information to my insurance panels regarding my treatment, diagnosis, prognosis, and the specific issues for which I have come to treatment for.

I have been informed of the Notice of Privacy Act and I received a paper or e-copy of it.
My signature below shows that I understand and agree with all of these statements.

Client Name & Date of Birth

Date Signed

Client Name & Date of Birth

Date Signed

Parent's or Guardian's Name (if necessary)

Date Signed

I, Dr. Dilek Wise, LMFT, have discussed the issues above with the client and or his/her parent or legal guardian. My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Dilek Wise, PhD, LMFT

Date Signed