

## Treatment Agreement

Thank you for choosing Weisser Wellness LLC / Rachel Weisser, LCSW as your trusted mental health professional! This agreement constitutes our contract for services.

My signature below indicates that:

- I have read and/or had explained to my satisfaction the policies contained in the Weisser Wellness Professional Services Disclosure
- I consent to treatment for myself
- I have received a copy of the Weisser Wellness LLC Notice of Privacy Practices and am aware that I may request a copy from Rachel Weisser, LCSW at a later date if desired
- I understand the rights and limitations of confidential information.
- I will be responsible at the time of service for any fees owed by me (i.e. not covered by insurance previously and I understand that this includes a charge of \$50 for late cancelations or missed appointments and that insurance companies will not pay for these fees.
- I understand it is my right to ask questions and make comments regarding treatment, appointments, billing or other issues.

I, the undersigned, agree and consent to participate in the mental health care offered and provided by Weisser Wellness, LLC / Rachel Weisser, LCSW which are mental health services that the above- named professional is qualified to provide within the scope of the professional's license, certifications, and training.

\_\_\_\_\_  
Signature of Client/Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Rachel Weisser

\_\_\_\_\_  
Date