

Kids On Up Psychotherapy, Inc.
101 Conner Drive, Suite 203
Chapel Hill, NC 27514

Phone: 919-240-5548

Fax: 919-525-1900

CLIENT AGREEMENT FOR SERVICES

I, _____, understand and accept all business policies of Kids On Up Psychotherapy, Inc. These policies include: office procedures regarding appointments, cancellations, messages, emergencies, fees, insurance, and confidentiality.

I grant consent for _____ to receive Outpatient Therapy from Kids On Up Psychotherapy, Inc. I understand that my consent to participate in this service is voluntary, that I may refuse service, and that my consent may be withdrawn with written notification at any time.

Signature

Date

CONSENT TO SEEK EMERGENCY MEDICAL CARE

This is to authorize employees of Kids On Up Psychotherapy, Inc., to seek emergency medical care for _____, if, in their judgement, it is needed. It is understood and agreed that employees of Kids On Up Psychotherapy, Inc. will be held harmless for any and all results of their efforts to obtain emergency medical treatment from a hospital or physician, including accident or injury while being transported.

Signature

Date