Jackie Price, ACSW, LMSW, MSW
Licensed Psychotherapist

1086 Charles H. Orndorf Drive
Brighton, Michigan 48116
810-220-0271

Consent for Treatment:

My signature below indicates my consent (and/or my child's) for counseling services with Jackie Price, ACSW, LMSW, MSW

I understand that my fee is $175 for today's initial session and $150 for each additional session (all sessions are approximately 45-50 minutes) and that I am to pay for the entire session at the time of my appointment. I understand that my insurance will not be billed and that I may turn in receipts for possible reimbursement.

I understand that the fee for any session canceled or broken without 24 hours prior notice is subject to the full fee of $150.

I have read and understand the Notice of Privacy Practices ☐

Credit Card Policy
Check here if you would like to have a credit card# on file ☐

Please charge my credit card for each session ☐

Type of card _____ Exp.date ____/_____ Security code _____
Credit Card # _____
Name as it appears on card _____
Zip Code _____

Emergency Policy:
I understand that Jackie Price, ACSW, LMSW, MSW will check her messages several times per day. If emergency services are needed, I understand that I can call Livingston County Community Mental Health or go to the nearest emergency room.

Client Signature _____ Date _____

Parent/Guardian Signature _____

Therapist/Witness Signature _____