



Behavioral Health & Wellness

**Consent to Treatment**

- I acknowledge that I have received, have read (or have had read to me), and understand the information about the therapy I am considering. I have had all my questions answered fully.
- I do hereby seek and consent to take part in the treatment by Sonder. I understand that developing a treatment plan with a therapist and regularly reviewing our work toward meeting the treatment goals are in my best interest. I agree to play an active role in this process.
- I understand that no promises have been made to me as to the results of treatment or of any procedures provided by Sonder.
- I am aware that I may stop my treatment with Sonder at any time. The only thing I will still be responsible for is paying for the services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)
- I know that I must call to cancel an appointment at least 24 hours before the time of the appointment. If I do not cancel and do not show up, Sonder reserves the right to charge \$50 for that appointment (with the exception of emergencies).
- I am aware that an agent of my insurance company or other third-party payer may be give information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that if payment for the services I receive here is not made, the therapist may stop my treatment.
- My signature below shows that I understand and agree with all of these statements.

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Signature of Client (or person acting for client)

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Date

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Printed Name

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Relationship to client (if necessary)