



Enrichment Wellness, LLC

Enrichment Wellness, LLC
839-G Quince Orchard Boulevard
Gaithersburg Maryland 20878
(202) 701-7738
(301) 762-1937 fax

Client Information

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Person Responsible for Payment (if different):

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Emergency Contact:

Name: _____

Relationship: _____

Home Phone: _____ Mobile Phone: _____

Consent for Treatment

Enrichment Wellness, LLC has my permission to provide psychotherapy for me/my child regarding the issues presented during our sessions together.

I have been advised that psychotherapy may allow or facilitate the release of unpleasant memories, for which I may or may not have been consciously aware. I also understand that it is my responsibility to follow through with the treatment in order to appropriately process these memories and attempt to return to emotional well-being.

I understand that it is my responsibility to keep informed of scheduled appointments, and I agree that if I fail to arrive at a scheduled appointment or fail to provide 24-hour notice of cancellation, I will pay a non-cancellation fee of \$120. Text reminders are provided as a courtesy, but a lack of reminder doesn't relieve me of responsibility for remembering and keeping the appointment. When the road conditions make travel unsafe, I know my scheduled session may be completed with the use of an agreed upon video-conferencing program.

Signature: _____ **Date:** _____