

I/we, _____, have fully discussed with Dr. Michelle Navarro the various aspects of the psychotherapy contract. This has included a discussion of Dr. Michelle Navarro's evaluation and diagnostic formulation, as well as the method of treatment. The nature of treatment has been described, including the extent, its possible side effects, and possible alternative forms of treatment. I understand I may withdraw from treatment at any time but if I decide to do this I will discuss my plan with Dr. Michelle Navarro before acting on it.

Dr. Michelle Navarro has further discussed with me scheduling policies, fees to be charged, and policies regarding payment, missed appointments, matters relating to insurance, and, if applicable, pre-authorization and utilization review issues.

I have read the above, fully discuss the diagnosis, the nature of treatment, the alternatives to this treatment, the limits of confidentiality in this relationship, and the circumstances in which confidential communications may need to be breached.

Client Signature _____ Date _____

Client Signature _____ Date _____

Client Signature _____ Date _____

Client Signature _____ Date _____