



**ROWLAND PSYCHOLOGY**  
Counseling & Assessment

**INFORMED CONSENT FORM**

I have read, understood, and accept the policies and procedures and conditions outlined in the Rowland Psychology Practice Policies and Privacy Practices.

If the client is a minor, the signature below indicates I am the parent/legal guardian of the child and have managing conservatorship.

I hereby authorize Rowland Psychology to furnish information to relevant insurance carriers concerning my condition and treatment. I hereby assign to Rowland Psychology all payments for services rendered to myself or my dependents.

I understand that I am responsible for the cost of no shows and late cancellations (less than 24 hours' notice), and I authorize Rowland Psychology to charge the credit/debit card on file in the event of a no show/late cancellation.

A copy of this agreement will be given to you if desire, and the original will be placed in your file at Rowland Psychology.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if client is a minor)

\_\_\_\_\_  
Date