

**Kelly Arthur, MS, NCC, LPC & LMFT Intern, CADCI**

Kelly Arthur Services  
511 SW 10<sup>th</sup> Ave, Suite 1104  
Portland, OR 97205  
503.752.5168  
kelly@kellyarthurservices.com

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**Informed Consent Statement**

By signing this consent form, I acknowledge that:

- I consent to engage in a therapist-client relationship with Kelly Arthur, MS, NCC, LPC & LMFT Intern, CADCI
- I am a legal adult of at least 18 years of age
- I know that I can end counseling at any time I wish
- If I do not attend a session for a period of 90 days, I will no longer be considered an active client and my file will be closed, but I am free to re-engage at any time
- I have received and reviewed Kelly Arthur's Professional Disclosure Statement
- I understand the potential benefits and risks of counseling
- I understand my rights as a client and the limits to confidentiality required by law
- I am responsible to pay the session fee at the time of the session, and to pay for missed appointments that I do not cancel more than 24 hours in advance
- I understand that email and text are non-secure means of communication, and that if I choose to use these means of communication with Kelly Arthur, I do so at my own risk
- If I am ever experiencing an emergency, including a mental health crisis, I will call 911 or the Multnomah County Crisis Line at 503.988.4888

**Signatures**

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_