

Kelly Arthur, LMFT, LPC, NCC, CADCI
Kelly Arthur Services
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Portland, OR 97210
503.752.5168
kelly@kellyarthurservices.com

Informed Consent Statement

By signing this consent form, I acknowledge that:

- I consent to engage in a therapist-client relationship with Kelly Arthur, LMFT, LPC, NCC, 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, 988, or the Multnomah County Crisis Line at 503.988.4888

Signatures

Client Name: _____

Client Signature: _____ Date: _____

Client Name: _____

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____