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Toni Murphy, LLC  
Rashmi O'Hara, LLC  
Greta Kramer, LLC  
Denise Oehrlein, LLC  
Rebecca Andersen, MS, LMFT

### CONSENT FORM

This form references the clinical relationship between:

\_\_\_\_\_ AND  
Client

- Toni Murphy, MS, LP
- Rashmi O'Hara, MS, LMFT
- Greta Kramer, MS, LMFT
- Denise Oehrlein, MS, LMFT
- Rebecca Andersen, MS, LMFT

**For Minor Children Only:**

I give consent for my minor child to receive therapeutic services in my presence or in my absence.

**Release/Exchange/Assignment of Benefits**

I consent to the release of information from the therapist to my insurance company, EAP, managed care group and/or the policyholder to facilitate payment and continued coverage under the mental health benefit of my policy. I also consent to have the therapist and/or therapist's billing service submit claims and accept payments on my behalf to/from my insurance company, EAP, managed care, or other third party payer and receive payment according to the guidelines of my policy.

**Client's Rights and Therapeutic Issues**

I have received AND reviewed the Client Rights and Therapeutic Issues Form and I am aware that the HIPAA Notice of Privacy Practices is available upon request.

**Billing Policy**

I have received and reviewed the billing policy for Milestone Counseling, Inc. I understand that my signature indicates that I am ultimately responsible for payment of all services rendered regardless of who the named policyholder is. I also understand that if my account becomes past due, a collection agency will be contacted.

**Consent for Consultation**

The therapists at Milestone Counseling, Inc. meet regularly for clinical consultation. I am aware of this and give my consent for confidential clinical review of my case.

**Appointment Reminders**

Appointment reminders will be done prior to your appointment by (please check which box and phone number to use)

- Telephone- Phone number: \_\_\_\_\_

- Text Message- Phone number: \_\_\_\_\_

\*\*Consent to telephone reminders means you agree to a message being left with whoever may answer. (Unless addressed).

\_\_\_\_\_  
Signature of Client or Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Client or Parent/Guardian

\_\_\_\_\_  
Relationship to Client