

CONSENT FOR TREATMENT

I _____
consent to Christian counseling and Christian therapeutic activities deemed advisable by my Christian Counselor. I acknowledge that the practice of counseling is not a science and that no guarantees have been made to me as to the result of any counseling by Dr. Davis.

PAYMENT GUARANTEE

In consideration of services rendered by Dr. Davis, I agree to pay the established rate of \$75 (i.e. per journal, per messaging response, per hour of video chat) via PayPal, Cash App, Zelle, or Square App.
At the time an appointment is secured.

CLIENTS RIGHTS AND RESPONSIBILITIES

I _____
acknowledge that I have read and received a copy of my Rights and Responsibilities.

Client Signature: _____

Date: _____

Phone: _____