ACKNOWLEDGEMENT OF LIMITS OF LIABILITY:

As the consenting client, I understand that the agreed upon services do NOT entail any form of Crisis services or treatment. I understand that, should I find myself in any type of mental health crisis or emergency, I can reach out to my clinician at Tri-County Therapy & Consulting to notify them; however, I understand that they, under no circumstances, are under any liability to see me for any type of crisis therapy session unless agreed upon, which is up to their discretion. I also understand that, should I contact my clinician in the event of a crisis or emergency outside of my scheduled session times, I may not receive a response right away or at all. I understand that if I am in a mental health crisis or emergency, I should refer to the following crisis resources:

VALLEY CREEK CRISIS (CHESTER COUNTY RESIDENTS) 610-913-2100

OR

go to the nearest Emergency Department/Hospital.

Signature _____ Date _____