

Consent to Treatment

I acknowledge that I have received, read, and understand the “Information for Clients” brochure and the HIPAA Notice brochure. I have had all my questions answered fully. I also understand that the points mentioned in the brochures are subject to change and that I may talk with the therapist about them at any time. With my signature, I agree to act according to the points in the brochures.

I understand that after therapy begins I have the right to withdraw my consent at any time for any reason and stop therapy. I will make every effort to discuss my concerns with the therapist before ending therapy.

I understand that no specific promises have been made to me by this therapist about the results of treatment, the effectiveness of the treatment procedures used by this therapist, or the number of sessions necessary for therapy to be effective.

I agree to enter into therapy with this therapist and to cooperate fully and to the best of my ability, as indicated by my signature below.

Signature of client

Date

Printed name

I, the therapist, have met with this client and have discussed the issues listed above. I believe this person fully understands the issues, and I have no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client.

Signature of therapist

Date

___ Copy accepted by client

___ Copy kept by therapist