

CONSENT FOR TREATMENT

I, _____, authorize and request that
_____,(Ph.D./Psy.D./M.F.C.C./L.C.S.W./M.D.)
provide psychological examinations, treatment and/or diagnostic procedures which now or
during the course of my care as a patient are advisable. The frequency and type of treatment will
be decided between my therapist and me.

I understand that the purpose of these procedures will be explained to me and be subject
to my verbal agreement.

I understand that there is an expectation that I will benefit from psychotherapy but there
is no guarantee that this will occur.

I understand that maximum benefit will occur with consistent attendance and that at times
I may feel conflicted about my therapy as the process can sometimes be uncomfortable.

I have read and fully understand this Consent for Treatment Form.

Date: _____ Client Signature: _____

Date: _____ Witness: _____