



Consent for Treatment

I agree and consent to participate in evaluation and treatment and I understand that I may refuse services at any time. I understand my rights and responsibilities for services rendered by my provider. As a client of this practice, I shall receive appropriate evaluation and treatment that may include individual counseling, couples counseling, psychoeducation and/or group therapy. This consent is valid until treatment is terminated.

Client name (printed): _____

Signature: _____

Date: _____

Client name (printed): _____

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____