

CONSENT FOR TREATMENT

INFORMED CONSENT: We ask that patients or their legal representatives sign the following general consent to treatment. The patient may, at any time, decline specific recommendations of treatment.

I give my consent for services for myself or my child/legal dependent with _____ and associated professional staff to include evaluation, psychotherapy, testing (if indicated) and involvement in the treatment planning and implementation process.

Signature of Patient (or guardian if patient under age 14)

Relationship to Patient (if signer is other than patient)

Patient's Date of Birth

Signature of Witness

Date

Date

Nature and goals of care and services:

Together, you and your therapist will determine goals and expectations from therapy. Yours may be, for example, to reduce depression and/or anxiety. To accomplish this as well as other goals, it often involves remembering events that could arouse uncomfortable emotions.

The benefits, however, from psychotherapy may be not only that your symptoms will reduce, i.e. depression/anxiety, but that you will better be able to handle or cope with your family and/or other social relationships. Another possible benefit may be a better understanding of your personal goals and values which may lead to greater maturity and growth as a person and assist in a better quality of life.