

Consent to Treatment Form

I do hereby seek and consent to take part in the treatment with the therapist named above (and/or provide my consent for my child to receive psychotherapy from the therapist named above). I understand that developing a treatment plan with this therapist and regularly reviewing our work toward meeting the treatment goals are in my (or my child's) best interest. I agree to play an active role in the treatment process.

I understand and accept the following:

Psychotherapy/Counseling has both benefits and risks. Risks sometimes include experiencing uncomfortable feelings such as sadness, guilt, anxiety, anger, and frustration, loneliness, or helplessness. Psychotherapy often requires recalling or processing unpleasant aspects of your life. Psychotherapy has also been shown to have benefits for people who undertake it. Therapy often leads to a significant reduction in feelings of distress, to better relationships, and resolutions of specific problems. Although your therapist will work hard to help you achieve your goals in therapy, there can be no guarantees made about the success of treatment.

I am aware that I may stop my treatment with this therapist at any time. I understand that in some circumstances there may be adverse consequences for me if I choose to stop treatment. For example, if my treatment has been court-ordered, I will have to answer to the court. I understand that my therapist will help me transfer to another therapist if I so choose.

My signature below shows that I understand and agree with all these statements.

Signature of Patient (or parent/guardian) **Date**

Printed Name of Patient (or parent/guardian)

I, the therapist in this case, have discussed the issues above with the client (or with the client's parent/guardian).
