

CLIENT NAME: _____
DOB: _____

CONSENT TO TREATMENT

I _____ (name of patient), agree and consent to participate in behavioral health care services offered by Amber Fry, LIMHP, a behavioral health care provider. I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within the scope of the provider’s license, certification, and training.

CONTINUING OUTPATIENT CARE. In most cases, proper treatment of a behavioral health condition requires continuing treatment of diagnosis over a course of repeated outpatient visits. In such cases, the request, consent and agreements herein shall apply to all repeat visits and all continuing treatments and diagnosis of the same condition.

Successful therapy calls for a very active effort, both during sessions and at home. Psychotherapy can have benefits and risks. There is a chance you may experience uncomfortable feelings like sadness, guilt, anger, and frustration as we address the circumstances that brought you to therapy. On the other hand, psychotherapy also has been shown to have many benefits, such as relationships, solutions to specific problems, and significant reductions in feelings of distress. But there are no guarantees of what you will experience, and noncompliance with treatment is associated with worse outcomes.

Persons whom I consider to be part of my family and whom I wish to include in the treatment process include:

_____	_____
_____	_____
_____	_____

I HEREBY CERTIFY THAT I HAVE READ, I UNDERSTAND, AND I AGREE TO THE INFORMATION SET FORTH ABOVE, AND THAT IF I AM NOT THE PATIENT, I AM DULY AUTHORIZED TO SIGN FOR THE PATIENT.

Signature of client

Date