**Agreement/Consent for Therapy**

I have read and/or reviewed with this therapist the following materials on the services to be provided to me by this professional:

* Limits of Confidentiality
* Bill of Rights
* Plan for Emergencies
* Fees for Service
* Release of Information (to insurance, other medical providers)

With enough knowledge, and without being forced, I enter into treatment with this counselor. I will keep my therapist fully up to date about any changes in my feelings, thoughts, and behaviors. I expect us to work together on any difficulties that occur, and to work them out in my long-term best interest.

We will evaluate my progress and may change parts of this agreement, as needed, as my goals may have changed in nature, order of importance, or definition. I will remain committed to the therapeutic process and discuss any confusion or frustration regarding my progress with my clinician.

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| Date |  | Signature of Client |

I, the therapist, have discussed the issues above with the client. My observations of this client’s behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent.

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| Date |  | Signature of Therapist |