

CONSENT FOR TREATMENT

-I authorize treatment and understand that I will participate in treatment planning.

-I have received the following:

*Counseling and Hypnotherapy Clients Pamphlet

*Clinician Disclosure

*Notice of Privacy Practices

-I have had the opportunity to ask questions.

Do any of the following apply to you (or your child if you are requesting services for your child)?
If yes, you are asked to provide a copy of the document(s).

Letter of Guardianship

yes no

Powers of Attorney

yes no

Advanced Directives for Psychiatric Care

yes no

Are you (or your child) currently under a court order? yes no

I have read and agree to the above statements.

_____ Date: _____
Client

_____ Date: _____
Parent/Guardian

_____ Date: _____
Clinician