

Client Signature Page for Informed Consent for Therapy with:

**Carol Juergensen Sheets LCSW, CSAT, PCC
Certified Sexual Addiction Therapist
DBA: Strategic Therapies and Coaching LLC**

- **I have thoroughly read and fully understand the Informed Consent and the therapy policy pages of this document.**
- **I understand that I am financially responsible for charges and fees incurred.**
- **I understand limits of confidentiality and mandated reporting by my therapist.**
- **I agree to respect the boundaries of contact between sessions and understand email is not an appropriate form of processing what is best discussed in session.**
- **I understand that emailing, texting, and cell phone are not guaranteed as confidential.**
- **I understand and agree to the illness policy and will conduct session via phone if I am ill.**
- **I have answered all questions in full, truthfully and to the best of my knowledge.**
- **I have had all questions about this document answered, and sign willingly.**
- **I authorize Carol Juergensen Sheets, LCSW, CSAT, PCC doing business as Strategic Therapies and Coaching LLC to provide psychotherapeutic treatment for me, the client signing below:**

Client (Print Name)

DATE

Client (Signature)

DATE

Therapist Signature

DATE