* While I expect benefits from counseling, I fully understand and accept that because of factors beyond our control, such benefits and desired outcomes cannot be guaranteed.
* I understand that the therapist is not providing emergency service. If I have an emergency during the evening or weekend hours, I should call 911 or go to an emergency room.
* I understand that regular attendance will produce the maximum possible benefits but I am free to discontinue treatment at any time, in accordance with the policies of the office.
* However, I understand that counseling requires trying new ways of doing things. I understand that I will be able to move at my own pace.
* I understand that counseling is intended to ease problems, especially at first, as I get to the root of some things, I might feel awkward or uncomfortable.
* I am not aware of any reason why I should not proceed with therapy and I agree to participate fully and voluntarily.

I have read, understand and agree with the provisions of the Informed Consent Policy.

Click here to enter a date.

Click here to enter text.

Client Name: Date:

Signature: Date:

Click here to enter a date.

Click here to enter text.