



Treatment Consent Form

Name: _____

Date: _____

Last Four Digits of SSN: _____

Date of Birth: _____

Explanation of Consent Form

This treatment consent form covers all procedures that are not of a nature to require special consent, and it provides protection for therapeutic procedures performed by the therapist. This form documents that the client has consented to treatment for therapy. This also allows professional personnel working alongside the therapist to be able to provide services to the client.

This form provides evidence that no guarantee is made concerning the outcome of therapeutic services. This form is signed upon the evidence that a full explanation has been provided by your therapist regarding services rendered. If you have any questions regarding this form and/or treatment consent, it is your responsibility to make this known to your therapist. By signing this form, you acknowledge that you understand your consent to treatment as explained in this form.

Consent to Treatment

I (your name), _____, for (client's name or same) _____ do hereby voluntarily consent to care and treatment by Shantala Boss, LMHC, assistants and/or designees. I am aware that the practice of psychotherapy is not an exact science, and I acknowledge that no guarantees have been made as to the result of evaluation of treatment.

I am aware that I am an active participant in the counseling process and that no change is possible without my shared responsibility in treatment. My responsibilities in treatment include informing the therapist of any information that may be relevant to the problems or conditions being treated, assisting in setting goals for treatment, following therapeutic advice to the best of my ability, and ending treatment in a responsible way.

If I am consenting to treatment for another person, I certify that I am legally responsible for that person and am entitled to consent to treatment for them.

This form has been fully explained to me, and I certify that I understand its contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to my understanding this form fully.

Signature _____

Date _____

Witness _____

Date _____