

CONSENT FOR SERVICES

I have received and carefully read a copy of the Office Policies and General Information Agreement for Psychotherapy Services. I understand them and agree to comply with them.

Client Name (print) _____

Client Signature _____

Date: _____

Client Name (print) _____

Client Signature _____

Date: _____

Therapist Name (print) _____

Therapist Signature _____

Date: _____