

I consent to care and treatment for my emotional, psychiatric, and /or substance abuse related disorders. I acknowledge that no guarantees have been made about the results of treatment. I understand that psychotherapy requires my active cooperation and participation. I understand that services may be terminated if I have failed appointments, neglected recommendations and/or refused to cooperate with the therapeutic process of treatment. I understand that treatment may also be terminated due to non-payment of services rendered.

### **Informed Consent to Treatment**

“Informed Consent” means that the potential client has given their consent to treatment after being informed of the anticipated benefits and possible risks of the treatment.

- A. Treatment primarily consists of individual, group and/or family/couples psychotherapy sessions.
- B. Psychotherapy sessions are designed to help clients identify and discuss feelings, gain insight into their behavior, identify unhealthy family dynamics and learn successful forms of communication and relationship skills.
- C. The anticipated benefits of psychotherapy include less emotional turmoil, greater freedom from worry/anxiety, a heightened sense of self-awareness and an increased level of functioning in major life areas.
- D. Psychotherapists often encourage clients to confidentially reveal personal information and uncomfortable experiences, feelings and/or thought processes. These therapeutic disclosures may be difficult or embarrassing to discuss. The possible risks may include: feeling worse before feeling better, making potentially uncomfortable changes, being exposed to new experiences and/or making no noticeable therapeutic gains.

By signing, I hereby acknowledge that I have read and understood the above information and agree to abide by these terms and conditions.

Signed and Dated by Client \_\_\_\_\_

Signed and Dated by Witness \_\_\_\_\_