

Informed Consent for Psychotherapy

All Clients Must Give Their Informed Consent Prior to Treatment

Client's Name _____

I hereby acknowledge that I have received information regarding informed consent for psychotherapy. I have had time to study the information and to ask any questions that I want to ask concerning the proposed treatment/services. I have also received a copy of this document for my own use.

Date

Client, Parent, or Legal Guardian's Signature

Date

Therapist's Signature