

CONSENT TO TREATMENT

I, the client (or his or her parent/guardian), understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement with Michael Rosengren, LMFT; it does not indicate that I am waiving any of my rights. I acknowledge that I have received, have read (or have had read to me), and understand the "information for clients" brochure and/or other information about the therapy I am considering. I have had all my questions answered fully. I understand I can choose to discuss my concerns with my counselor before I start (or the client starts) formal therapy. I also understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed, I can talk with my therapist about them and he will do his best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my therapist before ending therapy. I am aware that I may stop my treatment with this counselor at any time. The only thing I will still be responsible for is paying for services I have already received. I understand that I may lose other services or may have to deal with other problems if I stop treatment. (For example, if my treatment has been court-ordered, I will have to answer to the court.)

I understand that no specific promises have been made to me by the counselor about the results of treatment, the effectiveness of the procedures used by the counselor, or the number of sessions necessary for counseling to be effective. I agree to act according to the points covered and to enter into counseling with this counselor (or to have the client enter counseling), and to cooperate fully and to the best of my ability. My signature below indicates that I understand and agree with all of these statements.

Client Signature: _____

Print Name: _____ Date: _____

Relationship to client:

- Self Parent Legal Guardian
- Health care custodial parent or a minor (less than 14 years of age)
- Other person authorized to act on behalf of the client

I, the Therapist, have met with this client (and/or his or her parent or guardian) for a suitable period of time, and have informed him or her of the issues and points raised in this brochure. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

Counselor Signature: _____ Date: _____

I truly appreciate the chance you have given me to be of professional service to you, and look forward to a successful relationship with you. If you are satisfied with my services as we proceed, I (like any professional) would appreciate you referring other people to me who might also be able to make use of my services.