

Consent for Treatment

It is understood that information gathered in the course of the treatment is confidential except when information must be released in cases of medical emergency, abuse, neglect, court order, billing requirements, and wherever otherwise legally required. It is expected that records will be maintained according to the guidelines of the American Psychological Association, HIPPA and relevant state or local laws.

The undersigned agree to participate in treatment planning as best they can. It is understood that there no guarantees treatment will be beneficial.

This consent can be revoked by the client in writing, at any time. It is also understood that treatment may be terminated for non-compliance by the doctor.

Client Name _____ Signature _____ Date _____