

CLIENT CONSENT TO TREATMENT

Provision of the above disclosure of information and written acknowledgement of its receipt are required by Washington State law.

Please read the Statement of Consent to Treatment and let me know if you have any questions or concerns. It is important that you understand your rights, responsibilities, limitations as well as my responsibilities.

I have read and understand the Disclosure of Information statement.

I have read and understand the conditions of confidentiality.

I have read and understand the fees and payment policies.

I am over the age of 13 and am a consenting adult legally authorized to consent to treatment.

I consent to therapy with Jennifer L. Streit; LMHC under the terms described above and understand that I have the right to terminate therapy at any time I desire.

My signature below indicates that I have read and understand all the information contained in the Disclosure Statement and Client Consent to Treatment forms.

Client Signature _____ Date _____

Client Printed Name _____

Legal Guardian _____ Date _____

Printed Name of Guardian _____

If the client is under the age of 13 a legal guardian's signature is required.