



Informed Consent for Treatment

I _____ (client/parent/guardian) acknowledge by signing this form that I have agreed to participate in therapy services rendered by: _____ (therapist), at Counseling Innovations, LLC. If the client is under the age of 18 years old, or is unable to consent to treatment, I attest that I have legal custody/guardianship of this individual and/or am legally authorized to initiate and consent to treatment on behalf of this individual.

Client Signature: _____ Date: _____

Parent/ Guardian Signature: _____ Date: _____

Relationship to Client (if applicable): _____

Witness Signature: _____ Date: _____