



Treatment Consent for Adults

I, _____ hereby consent to receive psychological evaluation and/or treatment services from _____ at Strides in Psychotherapy, P.C.
(Name of therapist)

I, the undersigned, understand that the following treatment(s), intervention(s), or service(s) will be furnished by Strides in Psychotherapy, P.C. for myself:

- | | |
|-----------------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Individual psychotherapy sessions | <input type="checkbox"/> Couples psychotherapy sessions |
| <input type="checkbox"/> Family therapy sessions | <input type="checkbox"/> Parental or family meetings |
| <input type="checkbox"/> Psychological/intellectual testing and evaluation | <input type="checkbox"/> Court appearances |
| <input type="checkbox"/> Consultations with others involved in clients care | <input type="checkbox"/> School consultations/meetings |
| <input type="checkbox"/> Other _____ | |

I choose to have the above intervention(s), treatment(s) or service(s) furnished by Strides in Psychotherapy, P.C. I understand that my insurance company will most likely not pay for all or part of these services and I take full responsibility for any portion of the following fees that my insurance company does not pay.

Therapy Sessions: (Individual/Family/Couples): _____

Testing/Evaluation: _____

Auxiliary Services – i.e., phone calls with client/family (other than brief ones). Meetings, phone consultations with others involved with the client/family, formal letters written, evaluations, school observation, or any additional service except for a legal matter, which is requested by client/family or clinically indicated regarding client/family: _____

Any work concerning a legal matter: (i.e., court appearances, deposition appearances, letter for court/attorneys, providing any written documents to attorneys/court, my needed preparation time for court/deposition appearances, etc.): _____

Print name of client

Signature of client

Print name of client (if applicable)

Signature of client (if applicable)

Witness (to be completed by office staff)

Date