

Consent to Therapy

Lynda Harper MS, LCADC, MFT
Licensed Clinical Alcohol and Drug Counselor
Marriage and Family Therapist,

I have been made aware and have full knowledge of the benefits and consequences of psychotherapy, and give my consent to be treated by Lynda Harper LCADC, MFT on a voluntary basis. I have read and understand the Informed Consent to Treatment to include my confidentiality, services provided, limitations, fees, emergencies, referrals, record keeping, and ending therapy. I have also been provided The Notice of Privacy Practices.

The informed consent has been explained to me and I do not have any questions or the questions that I had have been satisfactorily been answered.

Signature

Date

In case of a minor, a parent or guardian's signature is needed.