



Skills Based Counseling PLLC

SBC

Consent for Treatment

I have read the Office Policies & General Information Agreement for Psychotherapy Services and the Informed Consent for Psychotherapy carefully. I understand them and agree to comply with them.

Client's Name (print) _____

Signature _____ Date _____

Parent or Guardian (print) _____

Signature _____ Date _____

Psychotherapist's Name (print) _____

Signature _____ Date _____