

## Agreement and Consent to Treatment

I, \_\_\_\_\_ understand I have the right not to sign this form. My signature below indicates that I have read and discussed this agreement; it does not indicate that I am waiving any of my rights. I understand that any of the points mentioned above can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this document, I can talk with my counselor about them, and he/she will do their best to answer them.

I understand that after therapy begins I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress with my counselor before ending therapy.

I understand that no specific promises have been made to me by my counselor about the results of treatment, the effectiveness of the procedures used by Retrospective Solutions counselors, or the number of sessions necessary for therapy to be effective.

I have read, or have had read to me, the issues, points in this document and the HIPAA Notice of Privacy. I have discussed those points I did not understand, and have had my questions, if any, fully answered. I agree to act according to the points covered in this document. I hereby agree to consent to treatment and enter into therapy with the counselor \_\_\_\_\_, and to cooperate fully and to the best of my ability, as shown by my signature here.

\_\_\_\_\_  
Signature of client (or person acting for client)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

I, the counselor, have met with the above stated client for a suitable period of time, and have informed him or her of the issues and points in this document as well as the HIPAA Notice of Privacy. I have responded to all of his or her questions. I believe this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent to treatment. I agree to enter into therapy with the client, as shown by my signature here.

\_\_\_\_\_  
Signature of Counselor

\_\_\_\_\_  
Date

- Patient obtained a copy of the client information document \_\_\_\_\_ Patient initials
- Patient declined a copy of the client information document \_\_\_\_\_ Patient initials
  
- Patient obtained a copy of the notice of privacy document \_\_\_\_\_ Patient initials
- Patient declined a copy of the notice of privacy document \_\_\_\_\_ Patient initials