

CONSENT FOR TREATMENT

An Adult Receiving Psychotherapy

I, _____ hereby request psychological services from Chicago Psychological for myself.
(please print name)

Signature of Adult Client

Date

Signature of Witness

Date

A Child or Adolescent (under the age of 18) Receiving Psychotherapy

I _____, hereby affirm that I am the legal guardian of _____ and hereby give my consent for him/her to receive psychological services from Chicago Psychological.

Signature of Guardian

Date

Signature of Minor (if age 12-17 inclusive)

Date

Signature of Adult Witness

Date

Rescinding Above Consent to Treat a Minor (Child or Adolescent)

I _____, hereby affirm that I am the legal guardian of _____ and hereby wish to rescind my consent for him or her to receive psychological services from Chicago Psychological.

Signature of Guardian

Date

Signature of Witness

Date