



Consent for Treatment

I, _____, the undersigned, am giving permission for
(Client Name)

Abundant Solutions, LLC to provide mental health services to myself.

I have been informed of the risks and benefits of different treatment choices in therapy. I understand that the mental health treatment that I am agreeing to may include Individual, Family and/or Group psychotherapy for myself and family. If clinically indicated, I understand that I may be referred to a psychiatrist for the propose of providing a diagnostic confirmation and medication assessment. I have had the chance to discuss the current symptoms I am experiencing and believe I understand the treatment that is planned. Therefore, I agree to play an active role in this treatment as needed and I give this therapist permission to begin this treatment as shown by my signature below.

Signature of Client

Date

Signature of Therapist

Date