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**A Professional Psychology Corporation**

**Consent for Treatment**

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I understand that therapy is a joint effort, the results of which cannot be guaranteed. Progress depends upon multiple factors including motivation and effort devoted as well as other life circumstances.

I have discussed the nature of psychological treatment including various methods available, confidentiality and its limits, the treatment plan to be employed and the goals of treatment. After this discussion I agree to treatment with:

\_\_\_\_\_

The goals for my treatment are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The method to be used will be: (include all planned approaches, e.g. psychodynamic, hypnosis, biofeedback, cognitive, behavioral, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_