

Treatment Agreement

I have received a copy of the document, "Client's Informed Consent," and understand its contents. I agree to participate in treatment and understand that my participation is voluntary.

I agree to the terms for appointments, confidentiality, emergencies, fees for service and the processing of information that may be necessary to obtain financial reimbursement.

Client/Guardian Signature

___/___/___

Date

Witness

___/___/___

Date