

Yvonne Venger, LCSW
Wellbeing Within Therapy San Diego

Client Consent To Treatment

I have read and understand your policies, and I agree to abide by them during my course of treatment. I have been given a copy of these policies and the opportunity to discuss them. I understand that my signature indicates that I consent to psychotherapy.

Signature

Date

Signature of Parent/Guardian for a Minor Child

Date

Relationship to Minor

Name of Minor