

**Yvonne Venger, LCSW**  
*Wellbeing Within Therapy San Diego*

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**Patient Consent to Release of Information**

I consent to information release about my case (or my child's case) with the referral source and other co-treating care providers for the purposes of treatment, payment, and Health Care Operations. I further consent to the release of information to my health plan for claims, certification/case management/quality improvement and other health plan purposes.

**General Consent to Treatment**

I further authorize and request that my therapist carry out therapeutic treatment that now or during the course of my care as a patient is advisable. I understand that the purpose of this treatment will be explained to me upon my request and subject to my agreement. I also understand that while the course of therapy is designed to be helpful, it may at times be uncomfortable and difficult.

**General Consent for Treatment (if patient is a minor or dependent of beneficiary)**

On the patient's behalf, I (the Legal Guardian or Legal Representative) authorize Yvonne Venger, LCSW to deliver mental health services to the patient. I understand that all policies stated on this page apply to the patient. **I accept that the minor's records are confidential and by law, I cannot have access to the minor's records if such access would be detrimental to the minor.**

**Consent To Treatment Signature**

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Patient/Legal Representative Signature

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Date

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Therapist Signature and License

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Date