

DEBORAH LEVI LANE, LCSW, PLLC

Consent for Treatment

I authorize and request my therapist to carry out evaluations, treatment and/or diagnostic procedures which now, or during the course of my treatment become advisable. I understand that the purpose of these procedures will be explained to me upon my request and that they are subject to my agreement. I also understand that I may terminate treatment at any time.

While the course of treatment is designed to be helpful, I understand that there is no assurance that I will feel better and my therapist can make no guarantees about the outcome of my treatment. Because treatment is a cooperative effort between me and my therapist, I will work with my therapist in a cooperative manner to resolve my difficulties. I further understand that during the course of my treatment, material may be discussed which may be upsetting in nature and that may be necessary to resolve my problem(s).

_____	_____
Patient Name	Account/Chart No.
_____	_____
Patient/Guardian Signature	Date

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General Consent for *Child or Dependent* Treatment

I am the legal guardian or legal representative of the patient and on the patient's behalf legally authorize Deborah Levi Lane, LCSW to deliver mental health care services to the patient. I also understand that all policies described in this statement apply to the patient I represent.

_____	_____
Patient Name	Account/Chart No.
_____	_____
Signature of Legal Guardian/Legal Representative	Date