

Helen Hill MFT (MFC 47498)

2211 Corinth Avenue, Suite 203, Los Angeles, California 90064 / (310) 779-7795

CONSENT FORM

CONDITIONS OF ACCEPTANCE AND TREATMENT

CONSENT FOR TREATMENT: I voluntarily consent to allow Helen Hill MFT (MFC 47498) to provide such evaluation and treatment on a continuing basis as she may decide is advisable or necessary. I understand that I will be under care of a Licensed Marriage and Family Therapist.

If I am advised that such treatment should include a physical, neurological, or psychiatric examination, I agree that I shall request the same from my private doctor.

I understand that it is my right to accept, refuse or stop services at any time. I understand all of the above and am interested in participation.

I certify that I have read the foregoing and have received a copy of it. As the patient I agree to accept the above terms.

Client's Signature
Date

Therapist's Signature)

Date

Client Name:
