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**CONSENT FOR TREATMENT**

I understand that therapy is a joint effort, the result of which cannot be guaranteed. Progress depends upon multiple factors including motivation and effort devoted as well as other life circumstances.

I have discussed the nature of psychological treatment including various methods available, confidentiality and its limits, the treatment plan to be employed and the goals of treatment. After this discussion

My goals for treatment are: \_\_\_\_\_

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I understand that in the event of a crisis I may not be able to reach Dr. Moyer and that alternative actions for me to take in that event have been discussed.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_