

Laura M. West LAPC, LAMFT
Bright Futures Counseling Services, Inc.
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Alpharetta, GA 30005
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Consent to Evaluation and / or Treatment

Explanation of Consent:

This consent form covers all procedures that are not of a nature to require a special consent, and it provides protection for the procedures performed by Laura West, including but not limited to psychotherapy and counseling. This consent allows me to provide services to you.

This form provides evidence that no guarantee is made concerning the outcome of treatment. There is no guarantee that treatment will be successful. This form also provides evidence that consent is given only after a full explanation has been provided by your counselor. If you have any questions concerning this or any other matters, it is your responsibility to ask Laura West. By signing this form, you acknowledge that you understand your consent to treatment as explained in this form.

Consent to Treatment:

I, _____, for _____
(Print your name) (Print the client's name)

do hereby voluntarily consent to care and treatment by Laura West. I am aware that the practice of counseling and psychotherapy is not an exact science and I acknowledge that no guarantees have been made as to the result of evaluation or treatment.

I am aware that I am an active participant in the evaluation and therapy process and that I share responsibility for the treatment and it's outcome. My responsibilities in treatment include informing Laura West of any and all information that may be relevant to the problems or conditions being assessed and/or treated, assisting in setting goals for treatment, following therapeutic advice to the best of my ability, and ending treatment in a responsible way.

If I am consenting to treatment for another person, I certify that I am legally responsible for that person and am entitled to consent to treatment for them.

This form has been fully explained to me and I certify that I understand its contents. I also understand that it is my sole responsibility to ask any questions or obtain any clarification necessary to fully understand this form.

(Print your name)

(Sign your name)

(Witness)

(Date)

(Date)