



Consent for Treatment

By signing this form, you are granting consent to Inner Life Psychological Services and your therapist to provide treatment. By signing this form, you are acknowledging that you have received the “Outpatient Services Contract,” and your signature below means that you have read the contract, understand it, and agree to its terms.

This consent form also provides consent to Inner Life Psychological Services and your therapist to use and disclose your protected health information for the purposes of treatment, payment and health care options. Our “Notice of Privacy Practices” provides detailed information about how we may use and disclose protected health information. You have a legal right to review our “Notice of Privacy Practices” before you sign this consent, and we encourage you to read it in full. If we need to change our notice at any time, we will inform you and you can obtain a copy of the revised notice by asking your therapist or calling our organization at (312) 265-0288.

I hereby certify that I have read and understood the “Outpatient Services Contract” and “Notice of Privacy Practices.” I hereby give my consent to be evaluated and treated by a professional at Inner Life Psychological Services. I understand that I have the right to revoke this consent in writing. I understand that either party may discontinue this treatment contract at any time.

Client Signature (ages 12 and over)

Date

Parent/Guardian Signature

Date