



Consent to Treat

I hereby consent to take part in treatment provided by Brenda Sommer Therapy & Consulting, LLC. I agree to participate fully in the therapeutic process. I understand no guarantees have been made to me regarding results of treatment or any services provided by my therapist. I understand that for therapy to be most effective I must take an active role in my treatment. This can include attending appointments consistently and practicing skills learned between sessions. I understand I can stop treatment at any time I choose to do so. I understand there could be consequences of terminating treatment services including worsening symptoms. I understand my therapist may recommend other services necessary or end the therapeutic process at any time if deemed clinically appropriate.

I fully understand the expectations of the therapeutic process and have no questions regarding the above mentioned information.

Client Name Printed

Date of Birth

Client Signature (12 yrs. and up)

Date

Guardian signature (of minor)

Date