

Jennifer Shtrum M.A., LMFT # 46038

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CONSENT FORM

CONDITIONS OF ACCEPTANCE AND REQUEST FOR OUTPATIENT TREATMENT

1. **CONSENT FOR TREATMENT:** I voluntarily consent to allow Jennifer Shtrum, MA, LMFT #46038 to provide such evaluation and treatment as an outpatient 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.

2. **DISCHARGE:** All discharge planning should result from cooperative discussions between my therapist and myself. Discharge dates and treatment plans are reviewed at least quarterly and involve input from the client and significant others when appropriate.

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:
