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TREATMENT CONSENT FORM

Your signature below indicates that you have read and received a copy of the two page **Consent for Treatment** form, which contains information on Description of services, Sessions and Fees, Insurance Reimbursement, Contact, Professional Records, Confidentiality, Practice Status and Minors & Parents and you agree to abide by its terms during our professional relationship.

Name of Client (print): _____

Client's Signature: _____ Date: _____

Name of Client (print): _____

Client's Signature: _____ Date: _____

Or

Name of Minor(s): _____ / _____

Parent(s)/Legal Guardian (Print): _____

Parent(s)/Legal Guardian (signature): _____ Date: _____

_____ Date: _____