



556 Center Street, Suite A
Middleboro, MA 02346
BettermentCounseling@outlook.com
(774) 408-8600

THERAPY PARTICIPATION ACKNOWLEDGEMENT

Your signature below indicates that you have read, understand and agree to the information provided in Betterment Counseling Therapy Participation Agreement and its terms during the professional relationship. If you are the parent or guardian of a minor, you also are indicating by your signature below that you have read, understand and agree to the terms outlined in the Betterment Counseling “minor” consent forms, specifically for those under the age of eighteen.

Print Name: _____

Signature: _____ Date: _____