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## MENTAL HEALTH THERAPY TREATMENT PLAN CONSENT

I, \_\_\_\_\_ am aware that this Individual Treatment Plan (ITP) which was created with me and my therapist becomes immediately active on the date of my signature. Therefore, by signing below, I consent to the treatment plan as outlined in the electronic health record. As my treatment plan is a working document, I understand that I can change or revise the treatment plan anytime I choose.

I acknowledge that I received a copy of my treatment plan.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist: \_\_\_\_\_

Date: \_\_\_\_\_