



Success Behavioral Health Services *"We always have your success in mind"*

Consent For Psychotherapy

By signing below I acknowledge that I have read and understood the **Informed Consent** document and that I have had any questions answered to my satisfaction.

\_\_\_\_\_  
Signature of Client, Personal Representative, or legal guardian if client is under 18

\_\_\_\_\_  
Printed Name of Client, Personal Representative, or legal guardian if client is under 18

Date \_\_\_\_\_

Description of Personal Representative's Authority: \_\_\_\_\_