



## Informed Consent for Psychotherapy

I have read and discussed the information provided by Crary Counseling covering the various aspects of therapy for my child, my family, or myself. These include the methods of evaluation and treatment, and alternatives to treatment. I have also discussed scheduling, fee policies regarding missed appointments, matters related to insurance and, if applicable, preauthorization and utilization review.

I have also read the information provided on confidentiality and have had any questions answered. I understand that there are limits to confidentiality in this relationship.

\_\_\_\_\_  
Signature of client or client's guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client or client's guardian

\_\_\_\_\_  
Date