

Advance Counseling Services, LLC

Consent to Treatment Form

I have voluntarily contacted Advance Counseling Services, LLC (ACS) for them to provide therapeutic services to me and/or my family. I/We give ACS the “go ahead” to provide therapy/therapeutic services as I or my family desire to reach my/our goals that I/we have communicated to ACS as I/we move forward in my/our treatment. I/We understand that therapy may take some time as I/we talk through my/our problems, identify issues, implement certain professional Modalities, discover new ways of coping and thinking, and engage in the process of healing. I/We will communicate to ACS the progress I/we are seeing toward reaching our goals. I/We understand that ACS is not in a position to give me/us medical or legal advice, but are trained and qualified to help me/us in my/our mental health. Therefore, I/we give ACS our consent to treatment.

I, _____, have read, understand, and agree with the above statements and sign this Form in good faith and under no persuasion from ACS.

(Signature/Signature of Guardian)

(Date)

(Witness)

(Date)

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