

Patrizia I Spiga, LMFT #48465
3990 Old Town Ave., Ste. A-207
San Diego, CA 92110
(619) 255-0042

Consent for Treatment

Client name: _____

Client Date of Birth: _____

I hereby authorize and give my consent to participate in therapeutic services that may include but are not limited to:

- Assessment
- Individual therapy
- Family therapy
- Couple Therapy

All therapeutic services will be provided by the licensed clinician Ms. Patrizia I Spiga, Marriage and Family Therapist #48465. Adherence to client-therapist confidentiality will be observed. (See separate Confidentiality Agreement and Notice of Privacy Practices). I understand that records concerning treatment will be maintained and that such data will be kept confidential according to all applicable State and Federal laws.

You have the right to discuss and/or modify your involvement in treatment with myself, the provider, at any time. You also have the right to end treatment at any time. Sometimes therapy can arouse intense emotions. Once these issues are processed, you should expect these intense feeling to decrease or disappear.

Your signature below indicates that you have read and understand this document, that any questions you have regarding its parameters have been answered to your satisfaction, and that you hereby consent to therapeutic services.

Signature of Client Date

Printed Name of Client Date

Address of Client

Home Phone Number of Client

Cell Phone Number of Client