



AUTHORIZATION FOR TREATMENT

The client, legal guardian, or health care surrogate, if any, hereby authorizes the professional staff of The Therapy Center to administer necessary therapeutic procedures while a licensed therapist is following the outpatient. This consent may be withdrawn at any time.

The client, legal guardian, or health care surrogate, if any, has read, and has had fully explained to him/her, and fully understands the above "Authorization for Treatment". No guarantee or assurance has been made to the client, legal guardian, or health care surrogate, if any, concerning the results that may be obtained.

Signature of Client, Legal Guardian, or Health Care Surrogate

Date

