

Consent to Treatment

(Please read and sign)

I have had the opportunity to discuss with Dr. Marwit the therapeutic process as it relates to my situation. We have discussed approaches and expectations. I have been able to ask the questions I needed to ask. I also understand that I am encouraged to ask questions throughout the therapeutic process and, in that way, to be a party to my own treatment decisions. While I expect benefits from this treatment, I fully understand and accept that such benefits and desired outcomes cannot be absolutely guaranteed. I also understand that I am free to discontinue treatment at any time. I have read Dr. Marwit's *Psychotherapist-Patient Agreement* that discusses money matters, limits of confidentiality, and 24 hour cancellation policy, and I have had my questions regarding these answered to my satisfaction. I have also received the *New Hampshire Notice Form* discussing State and Federal privacy regulations, and the *New Hampshire Mental Health Bill of Rights*. I agree to comply with the terms of these policies and procedures and voluntarily wish to engage in counseling.

Name of patient(s): _____

Date: _____

Signature of Patient(s)/ parent(s)/guardian(s):

