

Consent for Therapy

Date: _____

To Whom It May Concern,

I, [Your Name], hereby give my consent for participation in therapy sessions aimed at addressing my bipolar disorder. I understand that these sessions may include various therapeutic techniques designed to help manage my symptoms and improve my overall mental health.

I acknowledge that my therapist, [Therapist's Name], is a qualified professional and that I have the right to ask questions about the therapy process at any time. I also understand that my participation is voluntary, and I may withdraw my consent at any point without any negative consequences.

By signing this letter, I affirm that I have read and understood the information provided and give my consent to receive therapy for bipolar disorder.

Thank you for your attention.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Contact Information]