

# Consent for Therapeutic Services

Date: \_\_\_\_\_

To Whom It May Concern,

I, **[Client's Name]**, hereby give my consent to **[Social Service Agency Name]** to provide therapeutic services. I understand that these services may include individual, family, or group therapy as deemed appropriate by the therapist.

I acknowledge that I have been informed of the nature and purpose of the therapeutic services and that I have the right to ask questions regarding the treatment. I understand that I can withdraw my consent at any time without any penalty.

By signing below, I confirm that I am of legal age to give consent and that I have read and understood this consent form.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Information:

Social Service Agency Name: **[Agency Name]**

Phone Number: **[Phone Number]**

Email: **[Email Address]**