

Patient Agreement to Therapy Changes

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Dear [Therapist's Name],

I, [Insert Patient Name], agree to the proposed changes in my therapy as discussed during our last session on [Insert Date of Discussion]. I understand the reasons for these changes and have had the opportunity to ask questions regarding the modifications and their potential impacts on my treatment.

Changes to my therapy plan include:

- [Change 1: Description]
- [Change 2: Description]
- [Change 3: Description]

By signing below, I affirm my commitment to this updated therapy plan and agree to engage fully with the new changes. I understand that I can revoke this agreement at any time by discussing my concerns with you.

Sincerely,

[Insert Patient Signature]

[Insert Patient Printed Name]

[Insert Date of Signature]