

**Consent for treatment
Use of information technology, acknowledgement of receipt for General Information
and Policies and Notice of Privacy Practices in the practice of
Mimi Leung-Pang, M.S., Licensed Marriage & Family Therapists, MFC31360**

Name of Client(s):

1) _____

2) _____

3) _____

4) _____

Date of birth of Client(s):

1) _____

2) _____

3) _____

4) _____

Address of Client(s):

1) _____

2) _____

3) _____

4) _____

Email address:

1) _____ Permission to Email

2) _____ Permission to Email

3) _____ Permission to Email

4) _____ Permission to Email

Primarily Phone#: Cell/Home/Work

1) _____ Permission to Call Permission to Text Permission to leave message

2) _____ Permission to Call Permission to Text Permission to leave message

3) _____ Permission to Call Permission to Text Permission to leave message

4) _____ Permission to Call Permission to Text Permission to leave message

Name of parent/guardian/authorized person giving consent for treatment (if applicable):

Medications, I (the client) am currently taking: Medication name, Dosage, Name of Prescribing Doctor

This form is to authorize, request, give permission for, and consent to psychotherapy services from the practice of Mimi Leung-Pang, M.S., Licensed Marriage & Family Therapist, MFC 31360.

- I understand that our relationship is strictly voluntary and that I may choose to terminate therapy at any time. • I understand that my therapist may choose to terminate and that the therapist will explain the reasons for her decision. She will offer me appropriate referrals or referral to continue therapy if I wish, and aid as is appropriate in the transition.
- The frequency and type of treatment will be decided between my therapist and me.
- I understand that the purpose of these procedures will be explained to me and be subject to my verbal agreement.
- I understand that there is an expectation that I (or the minor, I am authorizing therapy for) will benefit from psychotherapy but there's no guarantee that this will occur.
- I understand that the maximum benefit will occur with consistent attendance and that at times, I may feel conflicted about the therapy, as the process can sometimes be uncomfortable.
- I understand that the therapy is confidential aside from expectations of confidentiality as stated in the law. I understand that the therapist is allowed or required to breach confidentiality by contacting appropriate persons

and/or by reporting to the appropriate authorities reasonable suspicion if she believes that a child, elderly or disabled person is being abused, including by neglect, assault, battery, or sexual molestation; or if there is a threat of serious harm to myself or another person.

- I understand the risks of using information technology to deliver services and information.

I acknowledge that I have received the General Information and Policies and the Notice of Privacy Practices for the practice of Mimi Leung-Pang, and will review them for any questions to discuss with the therapist.

If I am signing to consent for treatment for a minor client, I acknowledge that I have the legal right to authorize such treatment. With my signature, I confirm that I have read and fully understand this consent for treatment form.

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date