



Consent to Treatment

First and foremost, let me start by saying how honored I am that you have chosen me to walk through your therapeutic journey with you. I hold a Licensed Professional Counselor status with the state of Tennessee and have been working in the mental health field since 2005.

I believe in the power of a motivating, encouraging, therapeutic environment. My goal is for this to become a place of safety, trust and comfort for you. At times, however, therapy can be challenging as issues start to arise. I encourage you to vocalize your feelings regarding this and allow me to help you work through it, all the while remembering that this is in fact, an emotionally safe and secure place. I believe that therapy can bring healing, change, peace and restoration. However, all of this can also take a lot of hard work, honesty, an open mind and a willing spirit.

Your signature on this document provides consent for treatment as well as symbolizing your readiness to embark on this process together.

Signature: _____

Date: _____

I also incorporate animal assisted therapy into my practice. Your signature here gives consent for a therapy dog to be present in sessions.

Signature: _____

Date: _____