

CLIENT INFORMED CONSENT FORM

Services – I understand that Tara Beck is not a physician, psychotherapist or psychologist, and that she is not trained to diagnose illness, to make recommendations involving pharmaceutical drugs or surgery or to handle medical emergencies. I further understand that any services provided by Tara Beck are in no way a substitution for medical treatment, and that I should see a physician for any illness or ailment that I may have.

Confidentiality – I understand that any information related to my sessions will be kept strictly confidential unless I specifically instruct Tara Beck to release information to other health care practitioners.

Termination – I understand that Tara Beck reserves the right to terminate our working relationship at any time and may or may not refer me to another practitioner to handle my unique needs.

Acknowledgement and Consent to Receive Services

By signing this document, I hereby consent to receive the services provided by Tara Beck. I also acknowledge that I fully understand and agree with all of the above statements and disclosures. I assume all risks for my health and hold harmless Tara Beck, any associated business entities or practitioners, and any other persons involved in the services performed.

Please indicate your acknowledgement and acceptance of these statements by signing below:

Patient Name (Print): _____

Patient Signature: _____

Date: _____

** If patient is a minor:

Patient Name (Print): _____

Guardian Name (Print): _____

Relationship to Patient: _____

Guardian Signature: _____

Date: _____