



UTAH PSYCHOLOGICAL ASSOCIATES, LLC

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CONSENT FOR TREATMENT

I authorize myself or my child to receive psychological treatment and/or evaluations which now or during the course of care are advisable. I understand and agree that the frequency and type of treatment will be decided in consultation with my therapist. I understand that the purpose of these procedures will be explained to me and will be subject to my verbal agreement.

I understand that there is an expectation that I (or my child) will benefit from psychotherapy, but that there is no guarantee as to the outcome of the treatment. I also understand that the maximum benefit will occur with consistent attendance and completion of any "homework" that may be given, and that at times the therapeutic process may be emotionally difficult, as the therapy process can sometimes be uncomfortable.

I have read, fully understand, and agree to this Consent for Treatment Form.

Signature: _____

Printed Name: _____

Date: _____