

Consent for Treatment with North East Counseling and Trauma Services

I, voluntarily, agree to receive Mental Health services and authorize the undersigned therapist and North East Counseling and Trauma Services to provide such care, treatment or services as considered necessary and advisable.

I understand and agree that I will participate in the planning of treatment or services, and that I may stop treatment or services that I receive at any time.

In the event that the therapist becomes unavailable (which would not be the intent of the therapist), it may become necessary for another therapist to take possession of my file and records to maintain the same level of treatment. By signing this consent form, I give my consent to allowing another licensed mental health professional, selected at the discretion of the undersigned client, to take possession of the file and records and provide me with clinical care.

By signing this consent form I, the undersigned client, acknowledge that I have read and understand the terms contained herein. I have been given ample opportunity to ask questions and seek clarification of anything that is unclear.

I consent for the undersigned therapist and North East Counseling and Trauma Services to communicate with me by e-mail, text message, and by telephone.

CLIENT SIGNATURE:

Client Name (please print):

THERAPIST SIGNATURE

DATE:

North East Counseling and Trauma Services

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North East Counseling
and Trauma Services

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