

Steve Clement
Relationship Counseling
Bloomfield Hills, MI
248-219-4949

Client Consent to Treatment

I have read the Notice of Privacy Policies form, and the Psychotherapy Services Agreement carefully; I understand them and agree to comply with all of the policies and procedures described in these documents.

Client Name: _____

Per the Notice of Privacy Policies and the Psychotherapy Services Agreement, I recognize that electronic communications (e.g., email and text messaging) are potentially non-secure methods of communicating. By signing below, I authorize Steve Clement to contact me electronically. Please let Steve Clement know immediately if you do not wish to have any electronic forms of communication. Note that you are not required to sign this part of the agreement in order to receive treatment.

Client Signature

Date

Therapist

Date