Beth Shorstein

Counseling Services

CONSENT FOR TREATMENT

I voluntarily enter treatment and recognize that my treatment may include such techniques as cognitive behavioral therapy, family therapy, individual therapy or group therapy, as well as diagnostic evaluations.

I agree for Beth Shorstein to release any information in her records to insurance companies and/or sponsoring agencies for the purpose of verifying outpatient diagnosis, treatment or other data. I have read and understand this agreement and have voluntarily executed it.

_____ _____

Client name (print) Date

_____

Client signature

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