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INFORMED CONSENT FOR TREATMENT

Client Name: _____ **Guardian Name (If client is under 18)** _____

Notice to Client(s)

I authorize and request Bridgestone Consulting Services, LLC carry out assessments, treatment and or/diagnostic procedures that now, or during the course of my treatment become advisable. I understand the purpose of these procedures will be explained to me upon my request and they are to my agreement. I also understand that while the course of my treatment is designed to be helpful, my therapist can make no guarantee about the outcome of my treatment. Further, the psychotherapeutic process can bring up uncomfortable feelings and reactions such as anxiety, sadness, and anger. I understand that reactions will be worked on between my therapist and me. With these understandings, I hereby authorize treatment for myself. I give permission to Bridgestone Consulting Services, LLC to develop a treatment plan and provide treatment. In the event that I become ill or I am injured while on the premises, I authorize Bridgestone Consulting Services, LLC to provide or obtain emergency medical services (i.e. call an ambulance).

Your signature below acknowledges that you have been Informed about treatment with Bridgestone Consulting Services, LLC as well as indicate that you understand these policies.

Signature of Client/Legal Guardian if under 18

Date

Signature of Client/Legal Guardian if under 18
(If Applicable)

Date