

## Consent for Treatment

I have read the terms and conditions required for treatment at InnerEssence Counseling and Clinical Hypnotherapy. I have been given the opportunity to ask questions and have been informed of my rights of confidentiality, also, my rights as a client. I understand that this contract for treatment can be modified at any time but does not apply to fees for service.

Your signature below indicates you understand and accept these conditions.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date