

Meredith O'Brien & Affiliates, LLC
License#: 44SC05384300, NPI#1841558756
65 Mechanic Street, L2, Red Bank, New Jersey, 07701
732-977-9729 Tax ID #45-4926269

Consent to Treatment

Name of client: _____

Meredith O'Brien, LCSW and/or her Affiliates and I have discussed my situation. I have been informed of the risks and benefits of different treatment choices. I have had the chance to discuss all of these issues, have had my questions answered, and believe I understand the treatment that is planned. Therefore, I agree to play an active role in this treatment as needed, and I give this therapist (or another professional, as he or she sees fit) permission to begin this treatment, as shown by my signature below.

Signature of client

Date

I, the therapist, have discussed the issues above with the client. My observations of this person's behavior and responses give me no reason, in my professional judgment, to believe that this person is not fully competent to give informed and willing consent to the treatment.

Signature of therapist

Date