



Murray Counseling, PLLC  
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Inver Grove Heights, MN 55076  
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### CONSENT FOR SERVICES

I voluntarily apply for and consent to receiving psychotherapeutic services, either for myself or for my dependent; (name) \_\_\_\_\_, (relationship) \_\_\_\_\_; including evaluation, assessment, diagnosis, and treatment by the psychotherapist named in my Client Disclosure Statement. Additionally, I am aware that psychotherapeutic, counseling, and/or addictions/recovery services are not based on an exact science and that the type(s) of treatment I receive will depend primarily on my own needs and abilities. I understand that, as such, I cannot be given any guarantees about the results of any of these services. Further, I also understand that I may withdraw this consent at any time. • I understand I am an active participant in the process of establishing, evaluating, and accomplishing my goals for therapy and demonstrate this by my ability and willingness to communicate my ideas, thoughts, feelings, needs, likes, and dislikes. I understand that by naming and negotiating my needs openly and clearly, and by bringing my full attention and awareness into this process, I am empowered to respect and care for myself.

The three basic therapeutic agreements expected of me are: 1) Telling the truth to the best of my ability. 2) Acknowledging my feelings, thoughts, needs, and sensations at a fundamental level. 3) Honoring my agreements with my therapist or renegotiating existing ones to meet my needs if my needs change.

I understand that making a commitment to these three basic agreements facilitates and accelerates the creation of an environment that enables me to reach the goals I have established with my therapist. If at any point I do not feel I can continue to commit to these agreements, I will inform my therapist.

Client's name and date of birth (Print) \_\_\_\_\_

Signature of client or legal guardian \_\_\_\_\_

date \_\_\_\_\_