

Catherine A. Curtin, Ph.D.
Alliance Community Counseling Center
1040 Lincoln Ave.
San Jose, CA 95125
(408) 425-0122

CONSENT FOR TREATMENT OF AN ADULT

I, _____, authorize and request that Catherine A. Curtin, Ph.D., provide psychological evaluation, treatment, and diagnostic procedures that are deemed advisable during the course of my therapy. The frequency and type of treatment will be decided jointly between Dr. Curtin and myself.

I understand that the purpose of these procedures will be explained to me and they will be subject to my verbal agreement.

I understand that there is an expectation that I will benefit from psychotherapy, but there is no guarantee this will occur.

I understand that maximum benefit will occur with consistent attendance and that I may, at times, feel conflicted about my therapy, as the process can sometimes be uncomfortable.

I have read, understand, and agree to the above stated rules and conditions for treatment.

Client Name (print)	Signature	Date
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Catherine A. Curtin, Ph.D.	Date
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