



Viva Center Client Informed Consent for Treatment

I, _____, on behalf of _____,
(Child's name if applicable)

do voluntarily consent to care and treatment by _____, an independently licensed clinician operating as an independent contractor to The Viva Center. As a Viva Center client, I understand that healing arts are not an exact science and that no guarantees are being made as to the result or evaluation of treatment.

I am aware that I am an active participant in my therapy and I share the responsibility for the treatment process. Through the process of treatment, I am working toward changes and recognize that I may experience many different and intense feelings as a part of this process, some of which may be painful. I also understand that when I make changes in myself, I may experience changes in other areas of my life (i.e. family, work, and social life may be affected). Every change potentially has both positive and negative effects.

I understand that our work will be kept strictly confidential with the exceptions of legal limitations on confidentiality including professional and supervisory practice.

I also understand that I can contact the nearest public emergency mental health service if I am unable to contact my therapist or their designee.

This form has been fully explained to me and I certify that I understand its contents.

Signature of person agreeing to treatment

Signature of witness

Date