



**AMMIRATI
COUNSELING**

Empowering Your Relationships

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**Consent for Treatment
Statement of Understanding**

Your signature below assumes you have read, understand, and agree to abide what is outlined in the Consent for Treatment. It also assumes that you give your consent for us to provide you with psychotherapeutic services.

Client's Printed Name

Client's Signature (age 12 and older)

Date

Parent's Printed Name (client is minor)

Parent's Signature

Date

Witness Printed Name

Witness Signature

Date