



RenewedFreedomCenter

Consent for Treatment

I, _____, authorize and request that the Renewed Freedom Center for Rapid Anxiety Relief – A Psychological Corporation and its providers perform psychological evaluations, diagnostic procedures, and/or cognitive-behavioral treatment that are advisable during the course of my care as a patient. The frequency, duration, and type of cognitive-behavioral interventions will be decided between my therapist and me.

I understand that some cognitive-behavioral interventions involve *in vivo* and/or imaginal exposures that may produce discomfort. I may also feel conflicted about my therapy as the process can sometimes be uncomfortable. The purpose of these procedures will be explained to me and be subject to my verbal agreement.

I understand that benefit can be expected with consistent attendance and active participation. However, I can terminate treatment at will.

I understand that I have a right to receive a copy of this consent. I have read and fully understand this Consent for Treatment form.

Name of Patient or Patient's Representative

Relationship of Representative

Signature of Patient or Patient's Representative

Date