DR. SANDRA RAHE, LIMHP

402-299-3018 www.DrSandraRahe.com

Informed Consent for Treatment

I give consent for an evaluation and treatment for myself/my child by Dr. Sandra Rahe, LIMHP.

I am aware that the practice of psychotherapy is not an exact science and that results cannot be guaranteed. No promises have been made to me about the results of treatment.

The risk, benefits, side effects, and alternative of treatment and the consequences of non-compliance with treatment have been discussed with me and I have had the opportunity to ask questions.

I understand that I need to provide accurate information about myself to my clinician so I will receive effective treatment. I also agree to play an active role in my treatment process.

I understand that I may terminate treatment at any time.

** My signature below shows that I understand and agree with all of the above statements. I have had the opportunity to ask questions about the treatment process. If the client is a minor or has a legal guardian appointed by the court, the client's parent or legal guardian must sign this consent.

_____Signature of Patient or Parent/Guardian

_____Printed Name _____Date

_____Relationship to Patient (if applicable)

_____Witness' Signature _____Date