

Paula Andree LISW-S

17 Blue Line Drive Athens Ohio 45701 614-530-8800

CONSENT FOR TREATMENT

I give my consent for _____ (client) to engage in treatment with Paula Andree, LISW-S. I understand that a variety of techniques may be used in treatment. These techniques may include use of animals, relationship based equine facilitated psychotherapy, cognitive behavioral therapy, narrative therapy, role play and psychodrama, and psychoeducation. I understand that parents are a crucial part of the treatment process and will be included in every phase of treatment.

Parent\Guardian\Custodian Signature _____

Name of Client _____

Date _____