



CONSENT FOR TREATMENT

I, _____, request and authorize DBT of TOWSON, LLC, and its affiliates (including Katie Holden, LCSW-C, Jackie Dressel, LCPC, and Gina Fidazzo, LGPC) to provide psychological examinations, treatment and/or other procedures, which now, or during the course of my care as a psychotherapy patient, are advisable. DBT of TOWSON's professionals and I will collaborate to determine the frequency and type of treatment.

I understand that the purpose of these procedures will be explained to me and subject to my verbal agreement.

I understand that there is an expectation that I will benefit from psychotherapy, but that there is no guarantee that this will occur.

I understand that maximum benefit will occur with consistent attendance, and that at times, I may feel conflicted about my therapy, as the process can sometimes be uncomfortable.

I have read, fully understand, and agree to the term of this Consent for Treatment Form.

Patient

Date

Witness

Date