**Consent for Services**

**☐** I authorize My Therapy Services, LLC to render appropriate evaluation and therapy services to the client named below in accordance with state and federal laws. I understand that care will be provided by a qualified, licensed, and trained health professional. I recognize, agree and understand that I have the right to refuse treatment or terminate services at any time by [Private practitioners name or private practice name] in writing. In addition, My Therapy Services, LLC may terminate services by notifying me in writing.

**☐** I do not give my consent or am withdrawing my consent regarding My Therapy Services, LLC rendering evaluation and therapy services to the client named below.

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Print Name of Client Date

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Client Date of Birth

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Signature of Client or Legal Representative Relationship to Client