

Steven D. Graham, Ph.D., D.Min.
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CONSENT FOR TREATMENT

I, _____ authorize and request that Steven D. Graham, Ph.D., D.Min., provide psychological evaluations, treatment, and/or diagnostic procedures which now or during the course of my care as a patient are advisable. The frequency and type of treatment will be decided between Dr. Graham and me.

I understand that the purpose of these procedures will be explained to me and be subject to my verbal agreement. Psychotherapy is not like a medical doctor visit. Instead, it calls for a very *active effort* on my part. In order for the therapy to be most successful, I will have to work on things we talk about both during our sessions and at home. I understand that there is an expectation that I will benefit from psychotherapy but there is no guarantee that this will occur.

Since therapy often involves discussing unpleasant aspects of my life, I may experience uncomfortable feelings. I understand that maximum benefit will occur with consistent attendance, and that at times I may feel conflicted about my therapy.

I have been informed and understand the limits of confidentiality that, by law, the therapist must report to the appropriate authorities any suspected child abuse or any serious threat of harm to myself or another person. I understand this Consent for Treatment form and agree to its terms. By signing below, I also acknowledge that I have received a copy of the Notice of Privacy Practices.

Date: _____ Patient Signature: _____