



**AMMIRATI
COUNSELING**

Empowering Your Relationships

2211B Lakeside Drive
Bannockburn, IL 60015

Phone: (847)217-9381
Fax (224)544-5575

Consent for Treatment

Statement of Understanding

Your signature below assumes you have read, understand, and agree to abide what is outlined in the Consent for Treatment. It also assumes that you give your consent for us to provide you with psychotherapeutic services.

DO NOT SIGN. Fill your names. Sign at your appointment with your therapist.

Partner's Printed Name

Partner's Signature

Date

Partner's Printed Name

Partner's Signature

Date

Witness' Printed Name

Witness' Signature

Date