## Lisa Dumain, MSW, LCSW Individual and Family Therapy

## CONSENT FOR MENTAL HEALTH TREATMENT

Name:		
Last	First	Middle
Date of Birth: Month / Day / Year		
I hereby give my consent to treatm	ent as deemed advisable and/or n	ecessary by:
Lisa Dumain, MSW, LCSW	NC LCSW License #003366	5
The provider above has explained will generally be a form of Cogniticand extent of the benefits and risks for behaviors/symptoms to temporary presented alternative treatment optically evidence-based interventions within goals for therapy. We will regular This consent is only for the service notification.	ve Behavioral Therapy. She has involved in the treatment. I undearily become worse while we beg ions, if any. Lisa Dumain has ass in a clear, ethical framework to as by review our progress toward good	also explained the general nature erstand that it is not uncommon in addressing them. She has sured me that her practice will use sist me in reaching my personal als and revise them as needed.
Consent granted for: (please initial	)	
Individual psychoth Family psychoth Group psychoth	nerapy	
Printed Name	Signature	Date
Address (Street, City, State)		Phone