



Helping Children & Families Grow Together
Kearney N. Visser, Ph.D. PSY23855

INFORMED CONSENT FOR PSYCHOTHERAPY

I, the client (or his or her parent or legal guardian), understand I have the right not to sign this form. My signature below indicates that I have read, discussed, and agree to the information presented in the Private Practice Policies & Procedures that describe my policies and procedures regarding the provision of psychotherapy. I understand that any of the points can be discussed and may be open to change. If at any time during the treatment I have questions about any of the subjects discussed in this brochure, I can talk with you about them. I understand that after psychotherapy begins I have the right to withdraw my consent to psychotherapy at any time, for any reason. However, I will make every effort to discuss my concerns about my progress or my child’s progress with you prior to termination.

I understand that Dr. Kearney N. Visser has made no specific promises regarding the results, effectiveness or prognosis of treatment. I have read, or have had read to me, the issues and points discussed in this brochure. I have discussed those point that are unclear and have had my questions, if any, fully answered. I agree to act according to the points covered in this brochure.

I hereby agree to enter into psychotherapy with Dr. Kearney N. Visser, and to cooperate fully and to the best of my ability, as show below by my signature.

Printed Name of client/legal guardian

Date

Signature of client/legal guardian

Date

Name of client if a child

Date of Birth





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Signature of Clinical Psychologist
Kearney N. Visser Ph.D. PSY23855

Date

