

Stephanie T. Ho, Ph.D.
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CONSENT FOR YOU TO RECEIVE TREATMENT

By signing this form, you are agreeing to the following:

I have reviewed the information in the Informed Consent for Treatment Agreement for Adults. I have discussed this Agreement form and the contents therein with Stephanie T. Ho, Ph.D., and I have had my questions answered by her to my satisfaction. I fully understand this Informed Consent to Treatment Agreement for Adults. I accept, understand, and agree to abide by the contents and terms of this agreement, and further, I consent to participate in evaluation and treatment with Stephanie T. Ho, Ph.D.

Name of Client (Please print)

Signature of Client

Date

If You Are a Minor:

Name of Parent/Legal Guardian/Custodial Parent (Please print)

Signature of Parent/Legal Guardian/Custodial Parent

Date