



Jessica Irving, MA, LPCC, AT-R

Consent for Therapy

My signature below indicates that I have read and understand the **Introduction to Therapy Services** (informed consent) document and agree to enter into therapy (or to have my child begin therapy) with Jessica Irving, MA, LPCC, AT-R. I understand that I do not have to sign this form and that I may ask questions regarding this consent form today or at any point throughout therapy. I also have the right to withdraw my consent for therapy at any time. However, if I make this choice, I will make every effort to discuss any concerns with my therapist.

I hereby agree to enter into therapy (or to have my child begin therapy) with **Jessica Irving, MA, LPCC, AT-R**, as shown by my signature here.

Printed Client Name

Client Signature

Date

Signature of Parent or Guardian, if applicable

Date

I, Jessica Irving, MA, LPCC, AT-R have met with the person named above (and/or her/his/their parent/guardian). They have been informed of the issues and points raised in this consent form and I have responded to all their questions. I believe that this person fully understands the issues, and I find no reason to believe this person is not fully competent to give informed consent for treatment. I agree to enter into therapy with the client, as shown by my signature here.

Therapist Signature

Date

Jessica Irving, MA, LPCC, AT-R
Licensed Professional Clinical Counselor #4548 - California Board of Behavioral Sciences
Registered Art Therapist #17-210 - Art Therapy Credential Board