



+BETH SIEGEL, L.C.S.W., PSYD.
PSYCHOTHERAPY AND PSYCHOANALYSIS
LICENSED CLINICAL SOCIAL WORKER
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CALIFORNIA LICENSE # LCS 14970

ADULT CONSENT FOR TREATMENT

Dr. Beth Siegel, PsyD. has my consent to assess my psychological/emotional condition, make a diagnosis, formulate a treatment plan, and to render therapy as needed to achieve the goals of the treatment plan. Records will be kept on the services provided (as required by law and within the standards of our profession), and will otherwise be known as “Progress Notes”.

I also understand that psychotherapy, at times, may require revealing unpleasant aspects of my history or bring forth uncomfortable feelings about aspects of my life, such as sadness, anxiety, anger, guilt or frustration and that this is part of the treatment process. I understand that treatment takes time, and does not hold to a certain ‘timeline’. Treatment progresses when therapy is at regular intervals.

Client Signature

Date

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