



**BETH SIEGEL, PSYD, LCSW**  
**DOCTOR OF PSYCHOLOGY IN PSYCHOANALYSIS**  
**LICENSED CLINICAL SOCIAL WORKER**  
800 E. OCEAN BLVD, SUITE 107, LONG BEACH, CA 90802  
(714) 376-6235  
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 and expectations of the profession), and will otherwise be known as “Progress Notes.” Progress Notes can be requested by all insurance companies when a treatment record audit is being sought. Choosing to use my insurance gives my insurance company permission to request my records from the provider of service, regardless of whether I am of in-network or out of network status.

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.

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Client Signature

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Date

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