



CONSENT FOR TREATMENT

This policy is to inform you that Dr. Leslie E. Lawrence, LLC., is an independent professional practice entity, that shares an office with Dr. Arnold James, Ph.D. Dr. Leslie E. Lawrence, LLC is completely independent in providing you with clinical services and is fully responsible for those rendered.

The undersigned patient or responsible party (parent, legal guardian or conservator) consents to, and authorizes services, by Dr. Leslie E. Lawrence, LLC. These services may include psychotherapy, medication management, laboratory tests, diagnostic procedures, and other appropriate alternative therapies. The undersigned understands that he/she has the right to:

- Be informed of and participate in the selection of treatment modalities.
- Receive a copy of this consent.
- Withdraw this consent at any time.

Signature_____

Date Signed_____

Signature of Witness_____

Date Signed_____

(If appropriate)