



Consent for Behavioral Health Treatment

I hereby consent to the behavioral health treatment of _____
(patient), by the professional staff of North Star Counseling Services, LLC. My signature confirms my understanding that this treatment may include assessment, counseling, psychotherapy, and other forms of behavioral health intervention conducted in accordance with commonly accepted practices and standards in the field of mental health.

The outcome of treatment may depend on many variables beyond the control of the treating professional. Therefore, I understand that neither NSCS, LLC, nor my treating therapist, can guarantee any specific outcome that will result from my treatment or that of any minor family member. I also understand that any payment for these services, whether made by me or by a third party, is payment made for the NSCS, LLC professional's time, experience and effort, and not for any specific outcome.

Client Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date