



**Karen Pierpoint, MS, LMFT**

Marriage and  
Family Therapist

License #MFC28027 • 7223 Magnolia Avenue • Riverside, CA 92504 • 951-682-0342

## *Informed Consent for Treatment and/or Evaluation*

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Please read the following carefully. Sign below before beginning treatment or testing. The Information Packet INFORMS you about your treatment and testing. When you sign this form you indicate that you have received and studied the Packet and that you are therefore INFORMED. Signing this form also means you give CONSENT to the terms described in the Packet; that means you agree to live by these terms, and you agree to be treated and/or tested.

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I, (PRINT YOUR NAME) \_\_\_\_\_

- as the patient or
- as legal guardian for (PRINT PATIENT'S NAME) \_\_\_\_\_

(INSERT PATIENT'S DATE OF BIRTH) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I understand that Karen A. Pierpoint, M.S. is a licensed Marriage and Family Therapist. I am meeting with Karen Pierpoint for the purpose of counseling, psychotherapy, and/or testing.

I have studied and discussed Karen Pierpoint's Information Packet, January, 2007 Edition, to my satisfaction. She has given me a copy of this Packet for my permanent records. I agree to terms set forth in the section entitled "Guidelines and Policies."

I hereby give permission to Karen A. Pierpoint, M.S., L.M.F.T. to conduct treatment and/or evaluation of me or the patient. I give permission for treatment and/or evaluation with the full understanding of the ways and reasons that information about me could be released to others by Karen Pierpoint. I understand that any release of information will be done subject to California law and to policies regarding privileged information as they are set forth in the Information Packet.

I have read the above and fully understand its content in its entirety. I also understand that I have received a blank draft of this form, for my records, in the Information Packet.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_