

GunderKline Counseling LLC

Eve GunderKline, LCSW

4753 North Broadway Suite 928

Chicago, IL 60640

(872) 216-6623

evgunderklinelcsw@gmail.com

INFORMED CONSENT FOR PSYCHOTHERAPY

I, _____ have been informed of the treatment modality, limitations of confidentiality, and procedures associated with receiving therapy. While I expect benefits from this treatment, I fully understand and accept that such benefits cannot be guaranteed. I understand that, while regular attendance will produce the maximum benefits from psychotherapy, I am free to discontinue treatment at any time.

I have been informed and understand the limits of confidentiality as well as who/where to call or go in an emergency. I have had the opportunity to discuss the aspects of this contract, have had all of my questions answered, and consent to the described policies and procedures. I therefore agree to voluntarily engage in therapy and hereby authorize Eve GunderKline, LCSW to administer treatment.

Signature of Client: _____ Date: _____

Therapist's Signature: _____ Date: _____