

## Patient Consent

Thank you for choosing Freedom Therapy!

### **Please read the following before signing:**

I hereby indicate my wish to be a participant in a rehabilitation program.

I understand that the purpose of this program is to enhance my recovery from an illness, injury, or condition.

I have been informed of the procedures and methods of treatment that will be administered and I fully understand what is required of me as a patient.

I further understand that changes may occur with my treatment plan.

I verify that my participation is voluntary and that no coercion of any sort has been used to obtain my participation. I am also aware that I may withdraw at any time.

In the event that I am unable to make sound medical decisions for myself, my guardian/POA may sign on my behalf.

Client signature: \_\_\_\_\_

Date:   -   -

Therapists: \_\_\_\_\_

Date:   -   -