

[Your Name]
[Your Title/Position]
[Your Practice Name]
[Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Client's Name]
[Client's Address]
[City, State, Zip Code]

Dear [Client's Name],

I am writing to provide you with information about the therapeutic process and to obtain your consent for treatment. Please read this letter carefully and let me know if you have any questions or concerns.

1. ****Therapy Services****: I offer [brief description of services provided, e.g., individual therapy, couples therapy, etc.]. The therapeutic approach I utilize is [brief description of the therapeutic approach, e.g., cognitive-behavioral therapy, humanistic therapy, etc.].

2. ****Confidentiality****: Sessions are confidential, and I will not disclose any information about you without your consent, except as required by law. Limits to confidentiality include [briefly outline limits, e.g., risk of harm to self or others, child abuse, etc.].

3. ****Duration and Frequency of Sessions****: Therapy sessions typically last [duration of sessions, e.g., 50 minutes] and are held [frequency of sessions, e.g., weekly, bi-weekly].

4. ****Payment and Cancellation Policy****: The fee for each session is [fee amount]. Cancellations must be made [cancellation policy, e.g., 24 hours in advance] to avoid being charged for the session.

5. ****Client's Right to Withdraw Consent****: You have the right to withdraw your consent at any time without any consequences for your ongoing professional relationship.

Please sign below to indicate that you understand and agree to the terms outlined in this letter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Position]

Client's Signature Date

Client's Printed Name