

IDEAL LIVING PSYCHOLOGY CENTER, INC.
9220 Haven Avenue, Suite 100 Rancho Cucamonga, CA 91730

**ACKNOWLEDGEMENT OF RECEIPT OF STATEMENT OF
UNDERSTANDING AND OF SIGNING CONSENT FOR TREATMENT**

By signing this form, you acknowledge receipt of the *Statement of Understanding* given to you. You also acknowledge your *Consent for Treatment*.

The *Statement of Understanding* provides an orientation to the therapeutic process, including Confidentiality, Record Keeping Practices, Payment and Insurance Reimbursement, Attendance and Cancellation Policy, Telephone and Emergency Procedures, Treatment Planning, Mediation and Arbitration, Dual Relationships and Termination. We encourage you to read it in full and to bring to your therapist's attention any questions you have concerning its content.

The *Statement of Understanding* is subject to change. If it changes, you may obtain a copy of the revised *Statement* by contacting your therapist at (909) 758-1743.

CONSENT FOR TREATMENT

I authorize and request the Ideal Living Psychology Treatment Team to carry out psychological examinations, diagnostic procedures and/or treatments now or during the course of my child's or my care as a client. **I have read the Statement of Understanding and Consent for Treatment Agreement and Office Policies and General Information carefully; I understand them and agree to comply with them:**

Client name (print)

Date

Signature

Parent/Legal Guardian's name (print)

Date

Signature