

JSF Professional Counseling Services, LLC

License #37PC00431200 ☐ Corporation #0400685811

Mailing/Office Address: 3100 Princeton Pike, Building 1, Suite I, Lawrenceville, NJ 08648

Appointments: 609-474-0848 ☐ Emergency: 856-298-9203

INFORMED CONSENT FOR TREATMENT

I, _____, agree and consent to participate in behavioral health care services offered and provided by JSF Professional Counseling Services, LLC, a behavioral health care provider. I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide within:

- (1) the scope of the provider's license, certification, and training; or
- (2) the scope of the license, certification, and training of the behavioral health care providers directly supervising the services received by the client. If the client is under the age of 18 or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for treatment and/or legally authorized to initiate and consent to treatment on behalf of this individual.

Client _____

Date _____

Caregiver/Guardian's Signature _____
(if client is under the age of 18)

Date _____

Witness Signature _____

Date _____