



LORI KANSTEINER, LMFT, LAADC

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(818) 852-7077 lori@lorikansteinerlmft.com

Consent for Treatment

Client name _____ Date of birth _____

Therapist _____ Intake Date _____

This is to certify that I give my permission to Lori Kansteiner, LMFT (Licensed Marriage Family Therapist), LAADC for counseling and psychotherapy services. This treatment may include individual, couple, family, or group therapy, and testing.

This treatment may include consultations with other associates including Psychiatrists, Physicians, Psychologists, School Staff, Career Counselors, or Nutritionists.

California State Law mandates the reporting of certain types of child abuse and elderly abuse including physical abuse, sexual abuse, and neglect, emotional and psychological abuse. All actual or suspected acts of child abuse and elderly abuse will need to be reported to the appropriate agency. This treatment may also include referral to other appropriate State and County agencies for further treatment.

Client's Signature

Date

Printed name of Client

Signature of Client's Guardian

Date

Printed name of Client's Guardian

Location: City and State