

Marine Green, LCSW  
Roseville Executive Suites  
1100 Melody Lane  
Roseville, CA 95678  
916.872.5540

**Consent for Individual/Couples/Family Psychotherapy Services**

The undersigned person(s) request that Marine Green, LCSW, #25610 provide psychotherapy services to:

1. \_\_\_\_\_  
Name
2. \_\_\_\_\_  
Name

I understand that therapy begins with an assessment and evaluation of the issues, problems, or concerns that I am seeking assistance with. I have read and understand the limits of confidentiality, and I have received a copy to keep.

I agree to share responsibility with Marine Green, LCSW, for the therapy process, including goal setting and termination. By entering into therapy, I accept that we are working toward change that may involve experiencing difficult and intense feelings, some of which may be painful, in order to achieve the maturation, change, healing, or understanding that I am seeking.

I understand that my insurance cannot be billed for these services and agree to the fee of \$185 per session. I understand and agree to observe Marine Green's cancellation policy, which requires 24-hour advance notice to avoid paying for the full missed session.

I understand that I am free to terminate therapy at any time without advance notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date