

CLIENT DISCLOSURE CONFIRMATION

My signature acknowledges that I have been given the professional qualifications and experience of Jack Jessup, MA, the office policies, a copy of the APA Ethical Principles (upon request) and a listing of actions that constitute unprofessional conduct according to Vermont statutes as well as methods for making a consumer inquiry or filing a complaint with the Office of Professional Regulation. If at any time during the treatment, I have questions about any of the subjects discussed in this brochure, I can talk with Jack about them and he will do his best to answer them. I understand that after therapy begins, I have the right to withdraw my consent to therapy at any time, for any reason. However, I will make every effort to discuss my concerns with Jack before ending therapy with him. By signing below I agree to act according to the points covered in this brochure.

Client's or Guardian's Signature

Date

Relationship to client (circle one):

- self
- parent
- legal guardian
- health care custodian
- parent of a minor less than 14 years of age
- other person authorized to act on behalf of the client

I, the therapist, have met with this client and/or his or her parent or guardian or others related to this person's situation for a suitable period of time, and have informed him or her about the issues and points raised in this brochure. I have responded to his or her questions. I believe this person fully understands the issues, and I find no reason to believe that this person is not fully competent to give informed consent to treatment with me. I agree to enter into therapy with the client, as shown by my signature here:

Signature of Therapist

Date

I truly appreciate the chance you have given me to be of professional service to you and look forward to working with you. If you are satisfied with my services as we proceed, I would appreciate your referring other people to me who might also be able to make use of my services.