

Paige A. Bender, Licensed Professional Counselor
777 NE 7th Street
Grants Pass, OR 97526
541-660-0080

Consent to Treat

My signature below indicates that I have received copies of Paige Bender's Disclosure Statement and been offered a copy of my privacy rights under HIPAA, that I am requesting counseling from Paige Bender, and that I agree to abide by the terms presented therein during the course of our professional relationship.

Signature_____ Date_____

Witness_____ Date_____