Meena Rao, LCSW
123 NW 13th Street, Suite 214-03
Boca Raton, FL 33432
561-866-9522

GENERAL CONSENT FOR TREATMENT

Client Name: Date of Birth:

I hereby give my consent to treatment by Meena Rao, LCSW.

I agree to participate in my treatment planning.

If I utilize a health insurance plan to pay some, or all of the costs of treatment, I understand that some details about my treatment may need to be shared with the insurance provider and give my permission to release this information.

(Client Signature) (Date)

(Witness) (Date)