



Dr. Beth Firestein
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AGREEMENT FOR PSYCHOTHERAPY AND CLIENT CONSENT FORM

Welcome

Welcome to the private psychotherapy and consultation practice of Dr. Beth Firestein and Inner Source Psychotherapy. The following paragraphs provide information that is important to you as a client or consultee. Please read the following information carefully and feel free to ask questions if you need further clarification.

Education and Training of Dr. Beth Firestein

I received my Ph.D. in Counseling Psychology from the University of Texas at Austin in 1987 and completed my doctoral internship at Colorado State University in Ft. Collins, Colorado. I am licensed as a psychologist by the Colorado State Board of Psychologist Examiners (CO #1827). I have also participated in extensive training in many facets of providing psychotherapy services within my scope of practice. I have been in practice 32 years and have considerable experience providing counseling and psychotherapy to a wide variety of individuals, couples and families. I primarily work with adults, couples and older clients.

Agreement to Participate in Psychotherapy

By entering into this agreement, I am giving my informed consent to participate in psychotherapy and/or consultation services provided by Dr. Beth Firestein. I understand that Dr. Firestein is a licensed psychologist and that the outcomes of treatment cannot be guaranteed. I understand and agree to abide by the policies, payment agreement, and other guidelines pertaining to my participation in psychotherapy and other services provided to me in the scope of Dr. Firestein's practice. I understand that I have the right to withdraw from therapy at any time and agree to notify Dr. Firestein if I have decided to discontinue therapy and to discuss this decision with her, if at all possible.

Client Signature

Date

Therapist Signature

Date

Parent or Guardian Signature

Date