



## Client Information, Authorization, and Consent to Treatment

**By signing below, you indicate that you have thoroughly read the Client Consent for Treatment, have been verbally informed of the parameters of confidentiality as they apply to you, agree to the policies represented therein, and consent to abide by those policies and to engage in treatment with TRU Integrative Health and Wellness, LLC.**

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Printed Client Name

Date

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Client Signature

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Printed Client Name

Date

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Client Signature

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Parent/Legal Guardian Signature (if applicable)

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Provider Signature