



Consent For Treatment

Dr. Marlo Archer
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Permission is hereby granted to Marlo J. Archer, Ph.D.; dba Down To Earth Enterprises; to provide psychological services that may include: assessment and diagnosis; treatment planning; behavior modification plans; and/or individual, group, and/or family therapy; and/or EMDR; or Psychodrama to:

Client Name _____
Date of Birth _____
Client ID _____

It is understood that information gathered in the course of the treatment is confidential except when information must be released in cases of medical emergency, abuse, or neglect, court order, billing requirements, and wherever otherwise legally required. It is expected that records will be maintained according to the guidelines of the American Psychological Association and relevant state or local laws.

The undersigned agree to participate in treatment planning as best they can. It is understood that there are no guarantees treatment will be beneficial. Additional information about EMDR and Psychodrama is available on our website, under "services," and will be reviewed prior to using those methods.

This consent can be revoked by the client or guardian, in writing, at any time. It is also understood that treatment may be terminated for non-compliance.

Client Print	_____	Sign	_____	Date	_____
Guardian Print	_____	Sign	_____	Date	_____
Witness	_____	Sign	_____	Date	_____