

**Tracy Lamperti, LMHC, BCETS**

26 Wampum Dr.  
PO Box 1924  
Brewster, MA 02631  
774-722-5919

**Consent to Treatment**

I do hereby consent to take part in the treatment by Tracy Lamperti, LMHC, BCETS. I understand that developing a treatment plan and regularly reviewing our work toward meeting the treatment goals are in my best interest. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by Tracy Lamperti. I agree to play an active role in this process. I am aware that I may stop my treatment at any time.

I request that payment of authorized benefits be made to Tracy Lamperti on my behalf, for any services provided to me for *insured* services. I authorize the release of information to my insurance carrier about me necessary for determination and payment of benefits. I know that I am 100% responsible for uninsured services or fees. I understand that if payment for the services I receive from Tracy Lamperti are not made, Tracy Lamperti may stop my treatment.

My signature below shows that I understand and agree with all of these statements.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date