

Mark Dooley, MA, MES
LMHC, CMHS
1116 Key Street Suite 105 Bellingham, WA 98225 (360) 303 0695

Treatment Consent

I have read Mark Dooley's Professional Disclosure and Financial Policy Statement, and have had an opportunity to ask any questions or voice concerns. I hereby give my consent for therapeutic work with Mark Dooley.

_____ (initials)

I understand that Mark Dooley keeps session notes as required by the WA State Administrative Code and second-party payers.

_____ (initials)

I hereby give my consent for therapeutic work with Mark Dooley for the following family members as collateral participants in my treatment:

Signature of client or parent/guardian

Name of client or parent/guardian

Date