

Serenity Place, LLC
22530 Washington Street, #1
Leonardtown, MD 20650
P: 301-690-8008 F: 312-260-7996

CONSENT TO PSYCHOTHERAPY

Your signature below indicates that you have read the Service Agreement and agree to the terms of the Agreement.

_____ Signature
of Patient or Personal Representative

Printed Name of Patient or Personal Representative

Date: _____

Description of Personal Representative's Authority:

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