

Siobhan Malave, LISW - S

Four Elements Integrative Counseling

The Park Center II

3681 South Green Road, Suite 406

Beachwood, Ohio 44122

Consent to Treat

Patient's Name: _____

DOB: _____

Date: _____

I voluntarily consent to outpatient care with Siobhán Malavé, LISW - S.

- I understand Siobhán Malavé, LISW-S, uses an integrative psychotherapy approach.
- I understand that the care I receive from Four Elements Integrative Counseling may be considered non-conventional. Such services are commonly referred to as integrative, complementary, alternative or holistic services. This can include mindfulness and breathing practices, guided imagery, hypnotherapy and other mind-body approaches to care. While many of these techniques have been long practiced and researched and found to be effective, many are still considered “investigative” or “experimental”. The treatment plan is a collaborative effort and I recognize it is my responsibility to let Siobhán Malavé, LISW - S know which approaches I would like to try and those with which I do not feel comfortable. I recognize it is entirely my choice. By accepting these treatments I agree to accept the risks explained to me about these treatments.

I have read and understand the foregoing and understand that it is my responsibility to discuss any concerns I have about any and all parts of my treatment plan. I understand the nature of these health care methods and consent to counseling and treatment.

Signature of Patient: _____

Signature of Guardian: _____

Date: _____