

My Whole health Life, LLC

6965 Piazza Grande Ave. Suite 412

Orlando, FL 32835

Tel: 407-203-5090

E-mail: contact@mywholehealthlife.com

Website: [www.mywholehealthlife.com](http://www.mywholehealthlife.com/)

**Emergency Procedure**

In the event of a life-threatening emergency, call 911. If I have crisis that cannot wait, I am aware I can go to the nearest emergency room.

My signature on this AGREEMENT FOR PSYCHOTHERAPY SERVICIES/INFORMED CONSENT means I have reviewed, understand, and consent to everything above and indicates my consent to participate in psychotherapy at My Whole Health Life, LLC

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_