



Interplay Counseling Services  
1150 Fifth Street, Suite 261  
Coralville, IA 52241

**INFORMED CONSENT TO OUTPATIENT TREATMENT FOR ADULTS**

I, \_\_\_\_\_, the undersigned, whose date of birth is  
(print name legibly)

\_\_\_\_\_ hereby attest that I have read and understand the

**Outpatient Contract for Services for Adults** and voluntarily give my consent for treatment by Susan G. Schmitz, MSW, LISW, a licensed independent social worker in the state of Iowa. The rights, risks and benefits associated with the treatment have been explained to me. I understand that there is no assurance that I will feel better after engaging in therapy. Some material that may come up in therapy sessions could be upsetting, and it may be part of a necessary process for resolving the presenting problems. I agree to abide by the policies and procedures outlined in the **Outpatient Contract for Services for Adults**. I understand that the therapy may be discontinued at any time by either party.

I have read the information in **Outpatient Contract for Services for Adults** document and agree to abide by its terms during our professional relationship.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff witness to client signature

\_\_\_\_\_  
Date