



*The Art of Family*  
North County Family Counseling Center

**INFORMED CONSENT / CONSENT TO TREAT AGREEMENT**

I, \_\_\_\_\_ have read the **Informed Consent** document, understand the terms and obligations that I have read, and have asked Kathy Mattox any questions that I have had about this information. I agree to these terms and obligations for professional services as outlined in the Informed Consent document. Additionally, I understand and agree with Kathy Mattox's response to my questions. With this understanding **I agree to contract with *The Art of Family* for my care.**

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Signature of Client

Date

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Signature of Parent or Legal Guardian (if Client is a Minor)

Date

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Signature of Therapist

Date