

2803 Boilermaker Court, Suite 1C 219-286-7043 (O) 219-246-4655 (F) Valparaiso, IN 46383

TREATMENT PLAN ACKNOWLEDGEMENT/CONSENT

I acknowledge that I have either read, or had read to me the contents of my current treatment plan at Aspire Counseling Services. I hereby agree to the contents of that treatment plan.	
Electronic Signature of Responsible Party/Client:	