

# BATSHEVA GRUBER-NASS LMFT

HOLISTIC PSYCHOTHERAPY AND NUTRITION

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[www.holistic-psychotherapy.net](http://www.holistic-psychotherapy.net)



## CLIENT SIGNATURE PAGE FOR INFORMED CONSENT FOR THERAPY

- I understand that emailing, texting and cell phone are not guaranteed as confidential.
- I understand and agree to the illness policy and will conduct sessions via phone if I am ill and agree that if my therapist is ill, she/he will conduct via phone.
- I understand and agree to the social media boundaries and policy.
- I have answered all questions in full, truthfully and to the best of my knowledge.
- I have had all questions about this document answered and sign willingly.
- I authorize Batsheva Gruber-Nass, Licensed Marriage and Family Therapist to provide psychotherapeutic treatment for me, the client, signing below:

\_\_\_\_\_  
Client (Print Name) Date

\_\_\_\_\_  
Client (Signature) Date

\_\_\_\_\_  
Therapist Signature Date