

**Wayne K. Pansa, Jr., LCSW, LLC**  
**5205 W. Woodmill Dr., Ste. 33LL, Wilmington, DE 19808**  
**302-455-7065**

**Consent for Treatment Form**

I certify that I have been given the opportunity to read or review and agree to the terms set forth in the following documents:

- Key Policy Summary Statement
- Authorization for Release of Information Form (if applicable)

This acknowledgement serves as my informed consent for treatment for myself or my child. I also understand that the practice has the right to change these documents from time to time and that I may contact the practice at any time at the address listed to obtain a current copy of these documents.

Patient Signature: \_\_\_\_\_

Print Patient Name: \_\_\_\_\_

Parent/Guardian Name (if applicable): \_\_\_\_\_

Parent/Guardian Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_