



Tao Institute of Mind & Body Medicine
14 S. Bryn Mawr Ave., Suite 101
Bryn Mawr, PA 19010

Phone 610-520-1128
Fax 610-520-1331
www.taoinstitute.com

Consent to Treatment for Mindfulness Meditation

I understand that the psychotherapy offered by Tao Institute is voluntary, and that within certain limits the information I reveal during therapy sessions will be held strictly confidential, requiring written authorization from all parties in treatment for any release of information to an outside party. However, if any information indicates that I may be a serious threat to either myself or others, my therapist may be permitted and/or mandated by law to reveal such information to other persons or agencies for the safety of myself and others. This includes suspected child abuse in treatment of a child under 18 years of age. I understand that payment is expected at time of treatment, and that I have certain financial responsibilities for missed sessions, unless cancelled at least 24 hours in advance.

Client Name: _____

Client Signature: _____

Name of Parent or Guardian of Minor in Treatment: _____

Parent/Guardian Signature: _____

Therapist Name: _____

Therapist Signature: _____

Date: _____