



Informed Consent: Use of Astropsychology

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As a licensed mental health professional, I am committed to providing services grounded in evidence-based practices and in accordance with the ethical guidelines of my professional licensing board.

At times, I may incorporate symbolic, cultural, or metaphorical frameworks—such as **Astropsychology**—as part of the therapeutic process. This approach is **not a scientifically validated psychological model** and is **not used for diagnosis or clinical treatment**. Instead, it may be offered as a tool for **personal insight, self-reflection, and meaning making**, depending on your interest and therapeutic goals.

Please note the following:

- **Participation is entirely optional.** The use of astrological or symbolic concepts will only be integrated with your full knowledge and explicit consent.
- **Astropsychology is not a substitute for evidence-based therapy.** It is used as a complementary tool for those who find such frameworks personally meaningful.
- **Your care will remain grounded in empirically supported, evidence-informed approaches.** The inclusion of any non-traditional modalities will not compromise the quality or integrity of your clinical treatment.
- You have the right to decline the use of symbolic or non-evidence-based tools at any time, without any impact on your access to clinical services.

If you have any questions or concerns about this approach, I welcome an open conversation. Your comfort, autonomy, and informed participation are essential components of the therapeutic process.

Client Acknowledgment

By signing below, you acknowledge that you have read and understood the above information regarding the optional use of Astropsychology, and that you provide informed consent to its inclusion in your therapy, if and when applicable.

Client Name (Print): _____

Client Signature: _____

Date: _____

Clinician Signature: _____

Date: _____