

A Counseling Center, P.C.: CONSENT FOR SERVICES AGREEMENT

I, the undersigned client parent of legal guardian of:

Print Client's Name Above

do hereby officially give my consent for each one of the following items that I have initialed. For items that I do NOT consent to, I have written "No" in the blank space and NOT my initials.

NOTE: Only items 1-3 are required for services to begin.

1. _____ Consent to receive treatment services from A Counseling Center, P.C., for example, individual, family, couple, and-or group counseling services.
2. _____ Consent to receive evaluation services from A Counseling Center, P.C., for example: intake assessment, mental health evaluation, psychiatric evaluation, psychological evaluation, nursing evaluation, gambling evaluation, drug and-or alcohol evaluation.
3. _____ Consent to the release of my medical information for the purpose of securing medical services in the case of an emergency, for example, a heart attack.
4. _____ Consent to acknowledge my presence in the facility to callers and visitors for the purpose of allowing others to know that I am here for convenience reasons.
5. _____ Consent to have any property that I leave to be released to others so that they might pick it up for me, for example, if I leave a coat of mine and send someone for it.
6. _____ Consent to have audio/video recordings of sessions for the purpose of instruction for the counselor and-or to aid my counseling by providing perspective.
7. _____ Consent to have photographs taken while I am involved in A Counseling Center, P.C. activities for the purpose of publishing them in future promotional material for A Counseling Center, P.C.

I do hereby officially acknowledge with my initials the receipt of the following handouts and-or brochures. For items that I do NOT acknowledge receiving, I have written "No" instead.

1. _____ *12 Limits to Confidentiality* handout.
2. _____ *Client's Rights & Responsibilities* brochure.
3. _____ *Orientation For Counseling* brochure with Kevin Everett FitzMaurice, M.S., LPC

I understand that these authorizations and consents will remain in force until 180 days following the termination of any and all of my services at A Counseling Center, P.C. unless I choose to restrict these authorizations with another date which follows now: _____ .

I have read all of the above information. I understand all of the above information. I have asked questions about all of the above information that I did NOT understand or that I wanted clarified, and I have received satisfactory answers for all the questions that I asked.

Signature of Client

Date Signed

Signature of Parent or Legal Guardian or N/A

Date Signed

Signature of Witness (counselor, secretary, or other)

Date Signed

******STOP****DO NOT SIGN BELOW UNLESS YOU WANT TO VOID YOUR CONSENT******

******REVOCATION OF CONSENT AGREEMENT******

I understand that I can revoke these authorizations at any time by signing below:

Signature of Client/Parent/Legal Guardian

Date Signed