McDaniel's Consulting & Counseling, Inc.

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I, _____(client, parent/legal guardian), **give my permission** and consent to therapist and the other employees/contractors of McDaniel's Consulting & Counseling, Inc., **to provide treatment to my child/grandchild or myself.**

I understand that because of the counseling or therapy, I/he/she/we may experience emotional strains, feel worse during treatment, and make life changes that could be distressing.

I understand that developing a treatment plan and regularly reviewing our work and goals is in my best interest. I agree to play an active role in the process.

I understand that regular attendance will produce the maximum benefits, but I or we am/are free to discontinue treatment at any time. Withdrawal of consent can be in any form: verbal, active resistance, repeated noncompliance, or any other unwillingness to continue participating in treatment. If I withdraw consent I will be responsible for paying for the services that I have already received.

I understand that conversations with the therapist will always be confidential with the exception of situations mentioned in the Notice of Privacy Practices. I further understand that therapist, by law, must report actual or suspected child or elder abuse to the appropriate authorities. In addition, the therapist has a legal responsibility to protect anyone I/he/she/we may threaten with violence, harmful or dangerous actions (including those to myself) and may break confidentially of communication if such a situation arises. I understand that the therapist will make reasonable efforts to resolve these situations before breaking confidentiality.

I have read and understood the following forms and I agree to abide by its terms during our professional relationship:

1. **Notice of Privacy Practices**
2. **Contract, Office Procedure & Financial Agreement**
3. **Limits of Confidentiality**
4. **Consent to Treatment**
5. **Contract, Office Procedure & Financial Agreement**
6. **Treatment Course**
7. **Services that will be provided**

BY SIGNING THIS FORM I AM ATTESTING TO THE FACT I FULLY UNDERSTAND AND AGREE WITH THE STATEMENTS ABOVE.

Name of the Client (printed)	Signature	Date
Parent or Legal Guardian (printed)	Signature	Date
Office Staff (printed)	Signature w/ credentials	Date

Office use only

Client's name:_____ Date of Birth:____/____/____ File #_____