



## Counseling Agreement

I have read the Disclosure Statement and Notice of Privacy of Information Shared in Counseling/ Therapy: Your Rights and My Policy and have had an opportunity to clarify my concerns and questions. I understand and agree to all of the policies and procedures and agree to participate in and consent to psychotherapy treatment.

\_\_\_\_\_  
Client/ Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Name (Print)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/ Guardian Name (Print)