

Known and Loved Counseling Center LLC

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941-363-1558, www.knownandlovedcounselingcenter.com

INFORMATION, AUTHORIZATION, & CONSENT TO TREATMENT

Welcome to **Known and Loved Counseling Center LLC**. We are very pleased that you selected our facility for your therapy or coaching, and we are sincerely looking forward to assisting you. This document is designed to inform you about what you can expect from your therapist, coach or group leader, policies regarding confidentiality and emergencies, and several other details regarding your treatment here at **Known and Loved Counseling Center LLC**. Although providing this document is part of an ethical obligation to our profession, more importantly, it is part of our commitment to you to keep you fully informed of every part of your therapeutic or coaching experience. Please know that your relationship with your therapist, coach, or group leader is a collaborative one, and we welcome any questions, comments, or suggestions regarding your course of therapy or coaching at any time.

Background Information, Theoretical Views, & Client Participation

Information regarding your therapist or coach's educational background and experience may be found on our website under his or her name. Please feel free to view that information at www.knownandlovedcounselingcenter.com.

It is our belief that as people become more aware accepting of themselves, they are more capable of finding a sense of peace and contentment in their lives. However, self-awareness and self-acceptance are goals that may take a long time to achieve. Some clients need only a few sessions to achieve these goals, whereas others may require months or even years of therapy. As a client, you are in complete control, and you may end your relationship with your therapist, coach or group leader at any point.

In order for therapy or coaching to be most successful, it is important for you to take an active role. This means working on the things you and your therapist or coach talk about both during and between sessions. This also means avoiding any mind-altering substances like alcohol or non-prescription drugs for at least eight hours prior to your therapy or coaching sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is our policy to only see clients who we believe have the capacity to resolve their own problems with our assistance. It is our intention to empower you in your growth process to the degree that you are capable of facing life's challenges in the future without your therapist or coach. We also don't believe in creating dependency or prolonging therapy or coaching if the intervention does not seem to be helping. If this is the case, your therapist or coach will direct you to other resources that will be of assistance to you. Your personal development is our number one priority. We encourage you to let us know if you feel that transferring to another facility or another provider is necessary at any time. Our goal is to facilitate healing and growth, and we are very committed to helping you in whatever way seems to produce maximum benefit. If at any point you are unable to keep your appointments or we don't hear from you for one month, we will need to close your chart. However, reopening your chart and resuming treatment is always an option.

Confidentiality & Records

Your communications with your therapist or coach will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be stored electronically with Simple Practice, a secure storage company who has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, Federally approved encryption.

There are a few other people who may also have access to your PHI. The practice owner, Kyla Whipple, may review your case with your therapist or coach in the interest of providing you with the best possible care. As a licensed clinician, Kyla Whipple is also required to keep all information about clients confidential. Additionally, one

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of our administrative assistants or our business manager may need to access your chart on occasion for business purposes only. This might be to check for dates of services to file an insurance claim (if applicable), to ascertain that all of the HIPAA required documentation is located in the chart (occasional audit of charts), or some other absolutely necessary business practice. However, please know this would never include reading any of your clinical notes. Additionally, each business associate has signed a HIPAA enforced confidentiality contract which spells out how confidential records must be handled.

Your therapist or coach will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your therapist or coach to tell someone else and you sign a "Release of Information" form; (2) your therapist or coach determines that you are a danger to yourself or to others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; or (4) your therapist or coach is ordered by a judge to disclose information. In the latter case, your therapist's license does provide him or her with the ability to uphold what is legally termed "privileged communication." Privileged communication is your right as a client to have a confidential relationship with a counselor. If for some unusual reason a judge were to order the disclosure of your private information, this order can be appealed. We cannot guarantee that the appeal will be sustained, but we will do everything in our power to keep what you say confidential. (5) Your therapist or coach periodically may seek consultation regarding your case in order to provide you with the highest possible standard of care. When client cases are presented for staffing, client identifying information is never disclosed.

Please note that in couple's counseling or coaching, your therapist or coach does not agree to keep secrets. Information revealed in any context may be discussed with either partner.

Professional Relationship

Your relationship with your therapist or coach has to be different from most relationships. It may differ in how long it lasts, the objectives, or the topics discussed. It must also be limited to only the relationship of therapist or coach and client. If you and your therapist or coach were to interact in any other ways, you would then have a "dual relationship," which could prove to be harmful to you in the long run and is, therefore, unethical in the mental health profession. Dual relationships can set up conflicts between the therapist or coach's interests and the client's interests, and then the client's (your) interests might not be put first. In order to offer all of our clients the best care, your therapist or coach's judgment needs to be unselfish and purely focused on your needs. This is why your relationship with your must remain professional in nature.

There is another dual relationship that therapists and coaches are ethically required to avoid. This is providing therapy or coaching while also providing a legal opinion. These are considered mutually exclusive unless you hire a therapist or coach specifically for a legal opinion, which is considered "forensic" work and not therapy/coaching. Our passion is not in forensic work but in providing you with the best therapeutic and coaching care possible. Therefore, by signing this document, you acknowledge that your therapist or coach will be providing therapy or coaching only and not forensic services. You also understand that this means your therapist or coach will not participate in custody evaluations, depositions, court proceedings, or any other forensic activities.

You should also know that therapists and coaches are required to keep the identity of their clients confidential. As much as your therapist or coach would like to, for your confidentiality he or she will not address you in public unless you speak to him or her first. Your therapist or coach also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy or coaching is completed, your therapist or coach will not be able to be a friend to you like your other friends. In sum, it is the duty of your therapist or coach to always maintain a professional role. Please note that these guidelines are not meant to be discourteous in any way, they are strictly for your long-term protection.

Statement Regarding Ethics, Client Welfare & Safety

Known and Loved Counseling Center LLC assures you that our services will be rendered in a professional manner consistent with the ethical standards of the National Association of Social Workers and International Coach Federation. If at any time you feel that your therapist or coach is not performing in an ethical or professional

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manner, we ask that you please let him or her know immediately. If the two of you are unable to resolve your concern, please contact Kyla Whipple at 941-363-1558.

Due to the very nature of psychotherapy and coaching, as much as we would like to guarantee specific results regarding your therapeutic or coaching goals, we are unable to do so. However, your therapist or coach, with your participation, will work to achieve the best possible results for you. Please also be aware that changes made in therapy or coaching may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. It is our intention to help you manage changes in your interpersonal relationships as they arise, but it is important for you to be aware of this possibility nonetheless.

Additionally, at times people find that they feel somewhat worse when they first start therapy or coaching before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic usually isn't sensitive unless it needs attention. Therefore, discovering the discomfort is actually a success. Once you and your therapist or coach are able to target your specific treatment needs and the particular modalities that work the best for you, help is generally on the way.

For the safety of all our clients, their accompanying family members and children, and our therapists, coaches and staff, **Known and Loved Counseling Center LLC** maintains a zero-tolerance weapons policy. No weapon of any kind is permitted on the premises, including guns, explosives, ammunition, knives, swords, razor blades, pepper spray, garrotes, or anything that could be harmful to yourself or others. **Known and Loved Counseling Center LLC** reserves the right to contact law enforcement officials and/or terminate treatment with any client who violates our weapons policy.

Telehealth Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to us that we maintain your confidentiality, respect your boundaries, and ascertain that your relationship with your therapist or coach remains professional.

Telehealth is defined as follows:

“(a) “Telehealth” means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.” (Florida Statute 456.47 (1) (a))

Telehealth is a relatively new concept despite the fact that many providers have been using technology-assisted media for years. Breaches of confidentiality over the past decade have made it evident that Personal Health Information (PHI) as it relates to technology needs an extra level of protection. Additionally, there are several other factors that need to be considered regarding the delivery of Telehealth services in order to provide you with the highest level of care. We have developed several policies and protective measures to assure your PHI remains confidential. These are discussed below.

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline:

It is important for you to know that even landline telephones may not be completely secure and confidential. There is a possibility that someone could overhear or even intercept your conversations with special technology. Individuals who have access to your telephone or your telephone bill may be able to determine who you have talked to, who initiated that call, and how long the conversation lasted. If you have a landline and you provided us with that phone number, we may contact you on this line from our own landline in our office or from a cell phone, typically only for purposes of setting up an appointment if needed. If this is not an acceptable way to contact you, please let your therapist or coach know in writing or via Simple Practice. Telephone conversations (other than just setting up appointments) are billed at your therapist or coach's hourly rate.

Cell phones:

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In addition to landlines, cell phones may not be completely secure or confidential. There is also a possibility that someone could overhear or intercept your conversations. Be aware that individuals who have access to your cell phone or your cell phone bill may be able to see who you have talked to, who initiated that call, how long the conversation was, and where each party was located when that call occurred. However, we realize that most people have and utilize a cell phone. We may also use a cell phone to contact you, typically only for purposes of setting up an appointment if needed. If this is not an acceptable way to contact you, please let your therapist or coach know in writing or via Simple Practice. Additionally, your therapist or coach may keep your phone number in his/her cell phone, but it will be listed by your first name and last initial only and his/her phone is password protected. If this is a problem, please let your therapist or coach know, and you he/she will be glad to discuss other options. Telephone conversations (other than just setting up appointments) are billed at your therapist or coach's hourly rate.

Text Messaging:

Text messaging is not a secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to text because it is a quick way to convey information. If you choose to utilize texting as part of your treatment, we strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., password protected). If this is not an acceptable way to contact you, please let your therapist or coach know in writing or via Simple Practice. You also need to know that we may keep a copy or summary of all texts as part of your clinical record that address anything related to therapy or coaching. Additionally, text messaging (other than setting up appointments) is billed at your therapist's or coach's hourly rate for the time she or he spends reading and responding to them.

Email:

Email is not a secure means of communication and may compromise your confidentiality. However, we realize that many people prefer to email because it is a quick way to convey information. We strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.). We may contact you via email. If this is not an acceptable way to contact you, please let your therapist or coach know in writing or via Simple Practice. If you are in a crisis, please do not communicate this to us via email because we may not see it in a timely matter. Instead, please see below under "Emergency Procedures."

Email is billed at your therapist or coach's hourly rate for the time she or he spends reading and responding to them. Finally, you also need to know that we may keep a copy or summary of all email as part of your clinical record that address anything related to therapy or coaching.

Social Media - Facebook, Twitter, LinkedIn, Instagram, Pinterest, Etc:

It is our policy not to accept "friend" or "connection" requests from any current or former client on any of our therapist's or coach's **personal** social networking sites such as Facebook, Twitter, Instagram, Pinterest, etc. because it may compromise your confidentiality and blur the boundaries of your relationship.

However, Known and Loved Counseling Center LLC has a **professional** Facebook page. You are welcome to "follow" us on any of these **professional** pages where we post therapeutic or coaching content. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to Known and Loved Counseling Center LLC. Please note that any social media apps you use may seek to connect you with me or with other visitors to this office, through a "people you may know" or similar feature. I have no control over apps that may intrude on the privacy of your treatment in this way

If you would like to minimize the risk of others becoming aware of your connection to this office, please make use of the privacy controls available on your phone. Turning off a social media app's ability to know your location, and refusing it access to your email account and the contacts and history in your phone, protect your privacy and confidentiality.

Please refrain from making contact with us using social media messaging systems such as Facebook Messenger or Twitter, especially if it is an emergency. These methods have insufficient security, and we do not watch them closely. We would not want to miss an important message from you.

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If you would like your therapist or coach to review your (or your child's) social media interactions as part of our therapeutic work, please print what you would like reviewed and bring it with you to session. Even if your or your child's social media accounts are public, your therapist or coach will not examine them without your specific consent and direction.

Please note that information shared on social media accounts or other online platforms is not intended to be individual therapeutic or coaching guidance for you specifically.

We will maintain confidentiality and not share any of your PHI information on social media.

Blogs:

We may post therapeutic or coaching content on our professional blog. If you have an interest in following our blog, please feel free to do so. However, please be mindful that the general public may see that you're following Known and Loved Counseling Center LLC's blog. Once again, maintaining your confidentiality is a priority. Please note that information shared on social media accounts or other online platforms is not intended to be individual therapeutic or coaching guidance for you specifically.

Video Conferencing (VC):

Video Conferencing is an option for your therapist or coach to conduct remote sessions with you over the internet where you may speak to one another as well as see one another on a screen. We utilize Doxy.me. This VC platform is encrypted to the federal standard, HIPAA compatible, and has signed a HIPAA Business Associate Agreement (BAA). The BAA means that Doxy.me is willing to attest to HIPAA compliance and assumes responsibility for keeping your VC interaction secure and confidential. If you and your therapist or coach choose to utilize this technology, your therapist or coach will give you detailed directions regarding how to log-in securely. We also ask that you please sign on to the platform at least five minutes prior to your session time to ensure you and your therapist or coach get started promptly.

We strongly suggest that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Website Portal:

We have a client portal that is accessible through Simple Practice. Simple Practice ensures this portal is encrypted to the federal standard, HIPAA compatible, and has agreed to sign a HIPAA Business Associate Agreement (BAA). The BAA means that Simple Practice is willing to attest to HIPAA compliance and assumes responsibility for keeping our interactions secure and your PHI confidential. If we choose to utilize this technology, we will give you detailed directions regarding how to log-in securely. We also strongly suggest that you only communicate through a device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Additionally, through the client portal, you have the option of receiving text and/or email reminders of your appointments with us and/or billing information.

Recommendations to Websites or Applications (Apps):

During the course of our treatment, your therapist or coach may recommend that you visit certain websites for pertinent information or self-help. She or he may also recommend certain apps that could be of assistance to you and enhance your treatment. Please be aware that websites and apps may have tracking devices that allow automated software or other entities to know that you've visited these sites or applications. They may even utilize your information to attempt to sell you other products. Additionally, anyone who has access to the device you used to visit these sites and/or apps, may be able to see that you have been to these sites by viewing the history on your device. Therefore, it is your responsibility to decide if you would like this information as adjunct to your treatment or if you prefer that your therapist or coach does not make these recommendations. Please let your therapist or coach know in writing if you prefer not to receive these recommendations.

Electronic Record Storage:

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Your communications with us will become part of a clinical record of treatment, and it is referred to as Protected Health Information (PHI). Your PHI will be stored electronically with Simple Practice, a secure storage company who has signed a HIPAA Business Associate Agreement (BAA). The BAA ensures that they will maintain the confidentiality of your PHI in a HIPAA compatible secure format using point-to-point, federally approved encryption.

Electronic Transfer of PHI for Certain Credit Card Transactions:

We utilize Simple Practice as the company that processes your credit card information. This company may send the credit card-holder a text or an email receipt indicating that you used that credit card at our facility, the date you used it, and the amount that was charged. This notification is usually set up two different ways - either upon your request at the time the card is run or automatically. Please know that it is your responsibility to know if you or the credit card-holder has the automatic receipt notification set up in order to maintain your confidentiality if you do not want a receipt sent via text or email.

Your Responsibilities for Confidentiality & TeleHealth

Please communicate only through devices that you know are secure as described above. It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications or have access to the technology that you are interacting with. Additionally, you agree not to record any TeleHealth sessions.

In Case of Technology Failure

During a TeleHealth session, you and your therapist or coach could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please make sure you have a phone with you, and your therapist or coach has that phone number.

If you and your therapist or coach get disconnected from a video conferencing or chat session, end and restart the session. If you are unable to reconnect within ten minutes, please call your therapist or coach.

If you and your therapist or coach are on a phone session and you get disconnected, please call your therapist or coach back or contact her or him to schedule another session. If the issue is due to *your therapist or coach's* phone service, and the two of you are not able to reconnect, she/he will not charge you for that session.

Limitations of TeleHealth Services

Tele Health services should not be viewed as a complete substitute for therapy or coaching conducted in our office, unless there are extreme circumstances that prevent you from attending in person. It is an alternative form of therapy, adjunct therapy, or coaching, and it involves limitations. Primarily, there is a risk of misunderstanding one another when communication lacks visual or auditory cues. For example, if video quality is lacking for some reason, your therapist might not see a tear in your eye. Or, if audio quality is lacking, he or she might not hear the crack in your voice that he or she could have easily picked up if you were in our office.

There may also be a disruption to the service (e.g., phone gets cut off or video drops). This can be frustrating and interrupt the normal flow of personal interaction.

Please know that we have the utmost respect and positive regard for you and your wellbeing. We would never do or say anything intentionally to hurt you in any way, and we strongly encourage you to let your therapist or coach know if something she or he has done or said upset you. We invite you to keep the communication open at all times to reduce any possible harm.

Face-to Face Requirement

If you and your therapist or coach agree that TeleHealth services are the **primary** way chosen to conduct sessions, **we require one face-to-face meeting at the onset of treatment.** We prefer for this initial meeting to take place in our office. If that is not possible, we can utilize video conferencing as described above. During this

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initial session, your therapist or coach will require you to show a valid picture ID and another form of identity verification such a credit card in your name.

Consent to TeleHealth Services

Please check the TeleHealth services you are authorizing your therapist or coach to utilize for your treatment or administrative purposes. You and your therapist or coach will ultimately determine which modes of communication are best for you. However, you may withdraw your authorization to use any of these services at any time during the course of your treatment just by notifying us in writing. If you do not see an item discussed previously in this document listed for your authorization below, this is because it is built-in to our practice, and we will be utilizing that technology unless otherwise negotiated by you.

- Telephone
- Cell phone
- Email
- Text
- Video Conferencing
- Recommendations to websites or apps

In summary, technology is constantly changing, and there are implications to all of the above that we may not realize at this time. Feel free to ask questions, and please know that we are open to any feelings or thoughts you have about these and other modalities of communication and treatment.

Communication Response Time

Our practice is considered to be an outpatient facility, and we are set up to accommodate individuals who are reasonably safe and resourceful. We do not carry beepers nor are we available at all times. If at any time this does not feel like sufficient support, please inform your therapist or coach and he or she can discuss additional resources or transfer your case to a therapist or clinic with 24-hour availability. We will return phone calls, emails, and texts within 24 hours. However, we do not return any form of communication on weekends or holidays. If you are having a mental health emergency and need immediate assistance, please follow the instructions below.

In Case of an Emergency

If you have a mental health emergency, we encourage you not to wait for a call back, but to do one or more of the following:

- Call Suncoast Behavioral Health Center: 941-251-5000
- Call Bayside Center for Behavioral Health: 941-917-7760
- Call Lifeline at (800) 273-8255 (National Crisis Line)
- Call 911.
- Go to the emergency room of your choice.

If you & your therapist or coach decide to include TeleHealth as part of your treatment, there are additional procedures that we need to have in place specific to TeleHealth services. These are for your safety in case of an emergency and are as follows:

- You understand that if you are having suicidal or homicidal thoughts, experiencing psychotic symptoms, or in a crisis that we cannot solve remotely, we may determine that you need a higher level of care and TeleMental Health services are not appropriate.
- You agree to keep the most up to date address on file at all times.
- We require an Emergency Contact Person (ECP) who we may contact on your behalf in a life-threatening emergency only. Please write this person's name and contact information below. Either you or we will verify that your ECP is willing and able to go to your location in the event of an emergency.

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Additionally, if either you, your ECP, or we determine necessary, the ECP agrees take you to a hospital. Your signature at the end of this document indicates that you understand we will only contact this individual in the extreme circumstances stated above. Please list your ECP here:

Name: _____ Phone: _____

Structure and Cost of Sessions

We offer primarily face-to-face therapy and coaching sessions. However, based on your treatment needs, your therapist or coach may provide phone, text, email, or video conferencing (TeleHealth). The structure and cost of both in-person sessions and TeleHealth is \$125 per 60-minute session for therapy, \$85 per 45-minute session for coaching, and \$45 per 90-minute group session. The initial intake session is \$185. The fee for each session will be due at the conclusion of the session. Cash, debit card, major credit cards, HSA and FSA are acceptable for payment, and we will provide you with a detailed receipt of payment at your request. A Superbill may be used as a statement for insurance if applicable to you. Please note that there is a \$30 fee for any returned checks.

We offer a limited amount of clients a reduced rate on a case by case basis for people experiencing financial hardship. This is to be determined between you and your therapist or coach. Your therapist or coach will determine the final rate of pay per session and the time frame that rate is available for.

Phone calls, texting, and emails (other than just setting up appointments) are billed at your therapist's or coach's hourly rate for the time he/she spends reading and responding. We require a credit card ahead of time for in office sessions and TeleHealth therapy for ease of billing. Please sign the Credit Card Payment Form, which was sent to you through Simple Practice. By completing the credit card authorization through Simple Practice, you are indicating that we may charge your card without you being physically present. Your credit card will be charged at the conclusion of each in office or TeleHealth interaction. **Again, this includes any therapeutic or coaching interaction other than setting up appointments.**

Insurance companies have many rules and requirements specific to certain plans. For example, most insurance companies will not cover therapy over the telephone, text, or email. Unless otherwise negotiated, it is your responsibility to find out your insurance company's policies and to file for insurance reimbursement. As mentioned above, we will be glad to provide you with a Superbill for your insurance company and to assist you with any questions you may have in this area.

Cancellation Policy

In the event that you are unable to keep either a face-to-face appointment or a TeleHealth appointment, you must notify your therapist or coach at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

Minors

As a parent or legal guardian of a minor, I understand that for therapy or coaching to be optimally effective, an individual must be able to disclose their thoughts, feelings, and behaviors without fear of judgement. The ability to be vulnerable can support a strong therapeutic or coaching alliance and can help an individual move through the process more quickly. Therefore, I am signing this as my agreement to respect the confidentiality between the provider and the minor. I understand that I will be notified by the provider if the minor is in danger of harm to themselves or others. The minor, if they are a teen, rather than the parent/legal guardian will set the goals for therapy and will decide the degree to which they want to include parents/legal guardians in support sessions.

Parents or legal guardians of minor children will collaborate with their therapist or coach and child to establish treatment goals and support the child in their treatment. If you desire to engage in therapy or coaching to address relationship dynamics between you and your minor, a referral to another therapist or coach will be provided for you.

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Our Agreement to Enter into a Therapeutic or Coaching Relationship

Please date and sign your name below indicating that you have read and understand the contents of this “Information, Authorization and Consent to Treatment” form **as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices** provided to you separately. Your signature also indicates that you agree to the policies of your relationship with your therapist, coach, and/or group leader, and you are authorizing your therapist, coach, and/or group leader to begin treatment with you.

We are sincerely looking forward to facilitating you on your journey toward healing and growth. If you have any questions about any part of this document, please ask your therapist or coach.

Client Name (Please Print)

Date

Client Signature

If Applicable:

Parent’s or Legal Guardian’s Name (Please Print)

Date

Parent’s or Legal Guardian’s Signature

Parent’s or Legal Guardian’s Name (Please Print)

Date

Parent’s or Legal Guardian’s Signature

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