

AGREEMENT FORM

I have been presented with, have read and understood the following forms, and agree to follow the content of the documents below in order to enter into a counseling relationship with the Safe Harbor Counseling Center.

- HIPPA Notice of Privacy Practices
- Informed Consent
- What To Expect From Your Licensed Professional Counselor
- Limits of Confidentiality
- Client Personal and Health Information

Client Signature _____ Date _____

Client Printed Name _____

Guardian Signature _____ Date _____
(If Applicable)

Printed Name of Guardian _____
(If Applicable)

Witness Signature _____ Date _____

Witness Printed Name _____

Payment Agreement _____
(*\$ per session*)

CONSENT FOR COUNSELING MINORS

(If Applicable)

This is to certify that I give permission to Safe Harbor Counseling Center for the treatment of my child.

This counseling may include individual or group psychotherapy, counseling and testing. This counseling may include consultations with other associates of this agency.

This counseling may also include referrals to other appropriate State and County or professional agencies for further counseling.

Client Signature _____ Date _____

Client Printed Name _____

Guardian Signature _____ Date _____

Printed Name of Guardian _____

Witness Signature _____ Date _____

Witness Printed Name _____