Bilingual Counseling Atlanta, Inc.

5855 Jimmy Carter Blvd., Suite 200. Norcross, GA, 30071
Office: (404) 751-7336 / Fax: (470) 228-5216

INFORMATION, AUTHORIZATION, & CONSENT TO THERAPY/COUNSELING TREATMENT

Welcome to Bilingual Counseling Atlanta, Inc. We are very pleased that you selected our facility for your therapy, and we look forward to assisting you. This document is designed to inform you about what you can expect from your therapist, counselor, or group leader, as well as policies regarding confidentiality and emergencies, and other details regarding your treatment at Bilingual Counseling Atlanta, Inc. 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 experience. Please be aware that your relationship with your counselor or group leader is a collaborative one. We welcome any questions, comments, or suggestions regarding your therapy at any time.

Background Information, Theoretical Views, & Client Participation: Information regarding your counselor's educational background and experience can be found on our website under his/her name. Please feel free to view that information at www.bilingualcounselinginstituteatlanta.com.

We believe that as people become more aware and accepting of themselves, they are more capable of finding 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 have complete control, and you may end your relationship with your counselor at any time.

In order for counseling to be most successful, it is important for you to take an active role. This means working on the things you and your counselor 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 sessions. Generally, the more of yourself you are willing to invest, the greater the return.

Furthermore, it is our policy only to 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 extent that you will be capable of facing life's challenges in the future without needing your counselor. We do not believe in creating dependency or prolonging therapy if the therapeutic intervention does not seem to be helping. If this is the case, your counselor will direct you to other resources that can provide additional assistance. 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 counselor 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 counselor will become part of a clinical record of treatment, referred to as Protected Health Information (PHI). Your PHI will be stored in a locked file cabinet in our secure office. Your counselor will always keep everything you say to him or her completely confidential, with the following exceptions: (1) you direct your counselor to tell someone else and you sign a "Release of Information" form; (2) your counselor determines that you are a danger to yourself or others; (3) you report information about the abuse of a child, an elderly person, or a disabled individual who may require protection; (4) a judge orders your counselor to disclose information; (5) to obtain appropriate professional consultations; or (5) to obtain payment for services, in which instance the disclosure is limited to the minimum that is necessary to achieve the purpose. We hold the provider harmless for releasing information under any of the above conditions. Your counselor'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 the success of your appeal, but we will do everything in our power to maintain the confidentiality of your information.

Please note that in couples counseling, your counselor does not agree to keep secrets. Information revealed individually in any context may be discussed with either partner. If you request your records in couples therapy, we require the signatures of both partners/spouses, as your relationship is our client. We do not participate in the divorce process.

Professional Relationship: Your relationship with your counselor should be distinct from most other relationships. It may differ in duration, objectives, or topics discussed. It must also be limited to the relationship between the counselor and the client. If you and your counselor were to interact in any other way, 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 counselor's interests and the client's interests, and then the client's (your) interests might not be put first. To provide our clients with the best care, your counselor's judgment must be unbiased and purely focused on your needs. This is why your relationship with your counselor must remain professional in nature. Additionally, there are significant differences between therapy and friendship. Friends may view your position from their personal perspectives and experiences. Friends may want to find quick and easy solutions to your

problems so that they can feel helpful. These short-term solutions may not be in your long-term best interest. Friends do not usually follow up on their advice to see whether it was useful. They may *need* to have you do what they advise. A counselor offers you choices and helps you choose what is best for you. A counselor helps you learn how to solve problems better and make better decisions. A counselor's responses to your situation are based on tested theories and methods of change.

You should also be aware that counselors are required to maintain the confidentiality of their clients' identities. As much as your counselor would like to, for your confidentiality, he or she will not address you in public unless you speak to him or her first. Your counselor also must decline any invitation to attend gatherings with your family or friends. Lastly, when your therapy is completed, your counselor will not be able to be a friend to you like your other friends. In summary, it is the counselor's responsibility to maintain a professional role at all times. 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: Bilingual Counseling Atlanta, Inc assures you that our services will be rendered in a professional manner consistent with the ethical standards of the American Counseling Association. If at any time you feel that your counselor is not performing their duties in an ethical or professional manner, we ask that you notify them immediately. If the two of you are unable to resolve your concern, please contact our Clinical and Practice Director, Dr. Alejandro Navarrete-Aguilar, LPC, at 404-630-1361.

Due to the nature of psychotherapy, we cannot guarantee specific results regarding your therapeutic goals. However, with your participation, your counselor will work to achieve the best possible results for you. Please also be aware that changes made in therapy may affect other people in your life. For example, an increase in your assertiveness may not always be welcomed by others. We intend to help you manage changes in your interpersonal relationships as they arise; however, you need to be aware of this possibility, nonetheless.

Additionally, at times, people find that they feel somewhat worse when they first start therapy, before they begin to feel better. This may occur as you begin discussing certain sensitive areas of your life. However, a topic is usually not sensitive unless it requires attention. Therefore, discovering the discomfort is actually a success. Once you and your counselor can 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, as well as our therapists and staff, Bilingual Counseling Atlanta, Inc. maintains a zero-tolerance policy regarding the possession of weapons. 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. The Counseling Institute of Atlanta reserves the right to contact law enforcement officials and/or terminate treatment with any client who violates our weapons policy.

TeleMental Health 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 counselor remains therapeutic and professional.

TeleMental Health is defined as follows: "TeleMental Health means the mode of delivering services via technology-assisted media, such as but not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system, or other electronic means using appropriate encryption technology for electronic health information. TeleMental Health facilitates client self-management and support for clients and includes synchronous interactions and asynchronous store-and-forward transfers." (Georgia Code 135-11-.01)

TeleMental Health is a relatively new concept, despite many therapists having used 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, several other factors must be considered when delivering TeleMental Health services to ensure you receive the highest level of care. Therefore, our counselors have completed specialized training in TeleMental Health. We have also developed several policies and protective measures to ensure your PHI remains confidential. These are discussed below.

The Different Forms of Technology-Assisted Media Explained

Telephone via Landline: Please note that even landline telephones may not be entirely 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 provided us with that phone number, we may contact you on this line from our office landline or a cell phone, typically only for the purpose of setting up an appointment if needed. If this is not an acceptable way to contact you, please let your counselor know. Telephone conversations (excluding appointment setup) are billed at your counselor's hourly rate.

Cell phones: 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 to set up an appointment if needed. Additionally, your counselor may keep your phone number in his/her cell phone, but it will be listed by your initials only, and his/her phone is password-protected. If this is a problem, please let

your counselor know, and you he/she will be glad to discuss other options. Telephone conversations (excluding appointment setup) are billed at your counselor's hourly rate.

Text Messaging: Text messaging is not a secure means of communication and may compromise your confidentiality. However, we recognize that many people prefer texting because it is a quick way to convey information. Nonetheless, please note that we strictly use this means of communication for appointment confirmations. Please do not bring up any therapeutic content via text to prevent compromising your confidentiality. You also need to know that we are required to keep a copy or summary of all texts related to therapy as part of your clinical record.

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. Nonetheless, please be aware that it is our policy not to use this method of communication with our therapy clients. Please refrain from discussing any therapeutic content via email to prevent compromising your confidentiality. You should also be aware that we are required to maintain a copy or summary of all emails related to therapy as part of your clinical record. Although we will only use email for specific purposes, we will utilize a secure email platform hosted by Google Workspace for your added protection. We have chosen this technology because it is encrypted to the federal standard, HIPAA-compliant, and the company has signed a HIPAA Business Associate Agreement (BAA). The BAA means that the company is willing to attest to HIPAA compliance and assume responsibility for keeping your PHI secure. We also encourage you to utilize this kind of software for protection on your end. Otherwise, when you reply to one of your counselor's emails, everything you write in addition to what he/she has written to you (unless you remove it) will no longer be secure. Our encrypted email service is designed to send information securely and does not control what happens on your end.
We also strongly suggest that you only communicate through a device that you know is safe and technologically secure (e.g., one that has a firewall, anti-virus software installed, is password-protected, and is not accessing the internet through a public wireless network). If you are in a crisis, please do not email us; we may not receive it in time. Instead, please refer to the section below titled "Emergency Procedures."

Social Media - Facebook, TikTok, LinkedIn, Instagram, etc.: It is our policy not to accept "friend" or "connection" requests from any current or former client on any of our counselors' personal social networking sites, such as Facebook, Twitter, Instagram, etc., because it may compromise your confidentiality and blur the boundaries of your relationship.
However, the Counseling Institute of Atlanta maintains a professional Facebook page, Instagram account, and LinkedIn profile. You are welcome to "follow" us on any of these professional pages where we post counseling information. However, please do so only if you are comfortable with the general public being aware of the fact that your name is attached to the Counseling Institute of Atlanta. Please refrain from contacting us through social media messaging systems, such as Facebook Messenger or Twitter. These methods have insufficient security, and we do not watch them closely. We would not want to miss an important message from you.

Video Conferencing (VC): Video Conferencing is an option for your counselor 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 or Google Meet. These VC platforms are encrypted to the federal standard, HIPAA-compliant, and have signed a HIPAA Business Associate Agreement (BAA). The BAA means that Google Meet or Doxy.me are willing to attest to HIPAA compliance and assume responsibility for keeping your VC interaction secure and confidential. If you and your counselor choose to use this technology, your counselor will provide you with detailed instructions on 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 counselor get started promptly. Additionally, you are responsible for initiating the connection with your counselor at the time of your appointment. We strongly recommend that you only communicate through a computer or device that you know is secure (e.g., one with a firewall, anti-virus software installed, password protection, and not connected to the internet via a public wireless network).

Recommendations to Websites or Applications (Apps): During the course of our treatment, your counselor may recommend that you visit certain websites for pertinent information or self-help. They may also recommend certain apps that can assist 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 an adjunct to your treatment or if you prefer that your counselor does not make these recommendations. Please let your counselor know by checking (or not checking) the appropriate box at the end of this document.

Electronic Transfer of PHI for Certain Credit Card Transactions: We utilize a company that processes your credit card information. This company may send the credit cardholder a text or email receipt indicating that you used the credit card at our facility, the date of use, and the amount charged. This notification is usually set up in two different ways - either upon your request at the time the card is run or automatically. Please note that it is your responsibility to ensure that you or the credit cardholder has automatic receipt notification set up to maintain confidentiality if you do not wish to receive receipts via text or email. Additionally, please be aware that the transaction will also appear on your credit card bill.

Please initial that you have read this page _____

Your Responsibilities for Confidentiality & TeleMental Health: 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 overhear your communications or gain access to the technology you are using. Additionally, you agree not to record any TeleMental Health sessions.

In Case of Technology Failure: During a TeleMental Health session, you and your counselor could encounter a technological failure. The most reliable backup plan is to contact one another via telephone. Please ensure you have a phone with you and that your counselor has your phone number. If you and your counselor get disconnected from a video conferencing, a phone session, or chat session, end and restart the session. If you are unable to reconnect within ten minutes, please call your counselor.

Limitations of TeleMental Health Therapy Services: TeleMental Health services should not be viewed as a complete substitute for therapy conducted in our office, unless there are extreme circumstances that prevent you from attending therapy in person. It is an alternative form of therapy or adjunct therapy, 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 counselor may not be able to 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 well-being. We would never do or say anything intentionally to hurt you in any way, and we strongly encourage you to let your counselor know if something he or she has done or said upset you. We invite you to keep communication with your counselor open at all times to reduce any potential harm.

In summary, technology is constantly evolving, and there are implications to all of the above that we may not yet realize. 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.

Face-to Face Requirement: If you and your counselor agree that TeleMental Health services are the **primary** way that you and your counselor choose 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 initial session, your counselor will require you to show a valid picture ID and another form of identity verification, such as a credit card in your name.

Communication Response Time: Our practice is considered an outpatient facility, and we are equipped to accommodate individuals who are reasonably safe and resourceful. We are not available 24/7. If at any time this does not feel like sufficient support, please inform your counselor, and he or she can discuss additional resources or transfer your case to a counselor or clinic with 24-hour availability. We will return phone calls, texts, and emails within 24 hours. However, we do not return calls 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 Behavioral Health Link/GCAL: 800-715-4225 or Lifeline at (800) 273-8255 (National Crisis Line)
- Call Ridgeview Institute at 770.434.4567 or Peachford Hospital at 770.454.5589
- Call 911 or 988
- Go to the nearest emergency room of your choice.

If you and your counselor decide to include TeleMental Health as part of your treatment, we need to have additional procedures in place specifically for TeleMental Health 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.
- 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. Additionally, if either you, your ECP, or we determine necessary, the ECP agrees to 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: _____
- You agree to inform your counselor of the **address** where you are at the beginning of every TeleMental Health session.
- You agree to inform your counselor of the **nearest hospital** to your primary location that you prefer to go to in the event of a mental health emergency (usually located where you will typically be during a TeleMental Health session). Please list this hospital and contact number here:
  Hospital: _____ Phone: _____

Please initial that you have read this page _____

Structure and Cost of Sessions: Phone calls, texting, and emails (other than just setting up appointments) are billed at your counselor's hourly rate for the time he/she spends reading and responding. It also applies if you request a report or any other documentation that we need to write or prepare for you. We require a credit card ahead of time for TeleMental Health therapy for ease of billing. Your credit card will be charged at the beginning of each TeleMental Health interaction. Again, this includes any therapeutic interaction other than setting up appointments. We do not keep a copy of your credit card numbers.
Insurance companies have many rules and requirements specific to certain plans. We do not take insurance. It is your responsibility to determine your insurance company's policies and to submit an insurance reimbursement claim. As mentioned above, we will be happy to provide a statement for your insurance company and assist you with any questions you may have in this area. The structure and cost of both in-person sessions and TeleMental Health are per 50-minute session. The fee for each session will be due at the beginning of the session. We accept cash, Visa, MasterCard, Discover, and American Express for payment. A detailed receipt of payment will be provided to you.
Please ensure you arrive at your session on time. If you do not cancel your appointment at least two days in advance, you will be charged the full session fee. If Applicable, the responsible parent or guardian will have to pay for that session at the start of their next appointment, or call us to provide their card information. Note that we will try to contact you two days earlier to remind you of your appointment, but it is your responsibility to cancel or reschedule the appointment in time.

Adolescents aged 16 -18 years old and Some College Students: At these ages in the State of Georgia, confidentiality is a privilege belonging to the client. We are aware that in most cases, children may still be legally dependent, living at home, and that parents are likely paying for therapy; nonetheless, this is the law. Therefore, we must have the written consent of the client to communicate with parents regarding issues related to their treatment. It is our philosophy to facilitate communication between adolescents and their families, and we will attempt to bring parents' concerns into the therapy. When deemed clinically meaningful, periodic family meetings will be requested. If an adolescent client is engaged in risk-taking or potentially dangerous behaviors, we operate under the same principles that apply to adult clients, working toward therapeutic remediation of the behavior(s) in question. The dangerousness of the behavior(s) is a point of clinical judgment. In circumstances in which an adolescent refuses to cooperate with treatment recommendations to correct the behavior, it may be necessary to breach confidentiality for their protection and, on rare occasions, terminate treatment. Information received from parents via phone calls, voicemail, and/or written communication will not generally be kept confidential, as this can impede the therapeutic process and relationship.

Children and adolescents aged 15 and under: At these ages, child clients are considered dependent minors, and confidentiality belongs to the legal parent or guardian(s). It should be explained to the child that there is a difference between privacy and confidentiality; therefore, a child can expect that their communications are kept private unless (in the judgment of the therapist), parents need to be informed of a particular issue or circumstance that poses a direct threat or risk to the safety of the minor in question. Examples might include (but are not limited to): at-risk behaviors such as substance abuse, medical issues, family dynamics, or other situations in which the parents may be needed as a therapeutic resource. It is our general philosophy to use a model in which parents can serve as consultants in the therapy of children fifteen years and under.

Children of divorced/separated parents: Although these situations can be difficult and delicate, there are certain legal and ethical guidelines that I follow:

- Consent for treatment must be obtained from both parents unless legal custody is documented. I will require that a copy of this document be kept in my file reflecting the custodial parents control to make medical decisions on behalf of the minor.
- Unless sole custody is established, both parents have the right to communicate with me regarding treatment issues. I have the right to communicate with either/both parents regarding treatment issues based on my clinical judgment. All written communication will be copied to both parents.
- Because the child is the client, it is my job to work as an advocate for the welfare of the child. Unresolved marital conflicts may require treatment in another therapeutic setting.

Limitation of Services: I understand that Bilingual Counseling Atlanta, Inc.'s services are limited to counseling services, including assessment, consultation, therapy, and intervention. I understand that assessment services may include the use of questionnaires or tests, and intervention services may include counseling and psychotherapy. I understand that my counselor is not warranting a cure or offering any guarantee of results or improvement of any condition.

Assumption of Risks: I understand that the potential benefits of undergoing counseling services may include obtaining a professional opinion and gaining a deeper understanding of myself. I understand that potential risks may include limited predictive validity of mental health assessment procedures, possible disagreement with the opinions offered to me, and possible emotional distress concerning my situation.

Satisfaction Service/ Inquiry: I understand that Bilingual Counseling Atlanta, Inc. may occasionally collaborate with universities and colleges to provide training to graduate counselors or master's students by serving as an internship site. All interns are supervised by senior-level staff (Licensed Certified Professional Counselor or Licensed Psychiatrist). If you prefer not to work with a graduate student, please speak with your counselor, our supervisor, or our receptionist. Bilingual Counseling Atlanta, Inc. may also, at times,

collect information about your experiences in treatment to inform and potentially improve our ability to provide high-quality services. As part of this effort, we may ask customers to take a brief assessment, survey, or questionnaire on a voluntary and anonymous basis. If you have any questions, please speak with your counselor or our clinical director.

Termination of Therapy: Each stage of therapy has important ramifications for the client's motivation, growth, and self-esteem. Termination, although it marks the end of therapy, is a natural part of the development of the therapeutic relationship. A client who misses more than two sessions without notifying the counselor should be seen as initiating a premature termination. The staff from the Counseling Institute of Atlanta will attempt to contact you; however, your case will be terminated if we do not hear back from you within one month after your last session. If you are feeling better or plan not to return to therapy, it is essential that you come in for a final session, so we can discuss the reasons leading to your decision, the course of therapy, and any relevant referrals. A case is considered terminated when there is no longer any regular sustained contact following a specified treatment plan. However, reopening your chart and resuming treatment is always an option.

Statement of Understanding: I understand the above information and/or have discussed any questions related to the above information to my satisfaction. By signing this agreement, I acknowledge that I have read, understood, and agreed to the terms and conditions outlined herein, and I have had the opportunity to ask questions and/or discuss any concerns.
My signature means that I am providing the information related to my case and, **IF APPLICABLE,** my child's/partner's name. I affirm that all the information that I have provided is true and correct. I am solely responsible for providing the information contained in this clinical history.

This is a strictly confidential client mental health record. Redisclosure or transfer without the client's or examinee's written consent is strictly prohibited, except as permitted by the law.
The client understands, as described before, that secure and private communication cannot be guaranteed entirely through cell phones and email. It is the client's decision whether to communicate through these "non-secure" technologies or not. If the client uses these "non-secure" technologies to contact the counselor, the counselor will also communicate with the client through these "non-secure" technologies, unless the client indicates otherwise. Please, indicate what type of communication is allowed:

Communication via phone or cell phone: [ ]	Communication via voice message: [ ]
Communication via fax: [ ]	Communication via e-mail: [ ]
Communication via text message: [ ]	Communication via teleconference: [ ]

Our Agreement to Enter into a Therapeutic Relationship: Please print, date, and sign your name below, indicating that you have read and understand the contents of this document as well as the Health Insurance Portability and Accountability Act (HIPAA) Notice of Privacy Practices, provided to you. Your signature also indicates that you agree to the policies of your relationship with your counselor, and you are authorizing him/her to begin treatment with you.
We are sincerely looking forward to facilitating your journey toward healing and growth. If you have any questions about any part of this document, please ask your counselor.

_____ _____
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

The signature of the counselor below indicates that she or he has discussed this form with you and has answered any questions you have regarding this information.

_____ _____
Counselor's Signature Date

Please initial that you have read this page _____