

**HOLMAN FAMILY SERVICES; LLC
INFORMED CONSENT FOR COUNSELING**

The mission of Holman Family Services; LLC counseling services are to help families that are struggling with issues that are robbing them of life enjoyment. We journey with them through difficult seasons of their lives, so that they can move toward health and healing, because life is too short to struggle one more day. All counseling is done by Licensed Professional Counselors.

Information about clients, including case records are confidential and will be released only under the following conditions:

- a) The counselor or Holman Family Services' clinical staff determines that the client is a danger to himself/herself or to someone else;
- b) The client discloses abuse, neglect, or exploitation of a child, elderly, or disabled person;
- c) The client discloses sexual contact with another mental health professional with whom the client had/has a professional relationship;
- d) The counselor or Holman Family Services is ordered by a court to disclose information;
- e) The client directs the counselor or Holman Family Services to release the client's records;
- f) The counselor or Holman Family Services is otherwise required by law to disclose information.

I understand that in order to receive counseling at Holman Family Services, I am required to sign a Consent for Release of Information form (attached) giving my counselor permission to communicate with mental health professionals who have seen me previously and/or obtain copies of records of my previous treatment. I agree to disclose all previous mental health treatment.

With an understanding of the above requirements, I agree to participate in counseling and release the counselor and Holman Family Services; LLC from liability for same.

Client Signature

Date

Client Signature

Date

If the client is a minor, the legal guardian (managing conservator) must sign the statement below:

Holman Family Services requires documentation of conservator ship/guardianship. You will need to furnish a photocopy of the cause page (first page calling out the case), the page specifying conservator(s) and the signature page from the divorce decree or custody document.

I affirm that I am the parent/ legal guardian (managing conservator) of _____ (minor's name). With an understanding of the above requirements, I do grant permission for my child to participate in counseling and release the counselor and the Holman Family Services from liability for same.

Parent/Managing Conservator's Signature

Date

Parent/Managing Conservator's Signature

Date