

HOPE IN HOME COUNSELING, LLC

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Consent for Treatment

I, _____ parent/guardian of _____
(Name of Parent/Guardian) (Name of Child)

agree to treatment of counseling with Kathleen Rodriquez, LCSW of HOPE In Home Counseling, LLC.

Signature _____ Today's Date _____
(Signature of Parent/Guardian)

HOPE In Home Counseling, LLC

Release of Information

I _____ BD _____ consent the release of information regarding my therapy to _____.

This document is good for one year, but I may rescind it at any time, in writing.

Print Name _____ Date _____

Signature _____