

**Pastoral Counseling
Marriage & Family Counseling**

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CONSENT FOR SERVICES/CLIENT RIGHTS

I, _____, hereby give full consent for my child, _____ and /or myself to receive psychotherapy services from **Glenn T. Howard, M.Div. LMFT, AAPC** ("the therapist"), until I notify the therapist of any changes or until the therapist determines that services are no longer necessary. This is also certification that I have legal responsibility for this child (if child is referred for service). I also understand that I am financially responsible for my treatment, and that if any court reports, appearances or consultations are required in association with treatment by the therapist, I will be responsible for payment in advance at full fee for these services and I will give the therapist advance notice of such services.

Client/Guardian Signature

Date

Witness

Date

I understand that as a client, I have the right to be treated with respect, consideration and dignity in a safe and humane environment which protects me from harm and allows me my legal and civil rights, protects my privacy and confidentiality.

- + My financial obligations to the therapist will be explained to me.
- + Treatment received will be explained by the therapist.
- + I will be involved in the formulation of a treatment plan which best suits my needs.
- + Effects and consequences of treatment will be explained to me; I can refuse treatment, and I will be informed of the effects and consequences of such a refusal.
- + My records will be maintained in a confidential manner, they will not be released without my written permission.

I have received a copy of my consent for my child or me to be treated, and my/our rights as clients. These have both been fully explained to me during my first appointment.

Client/Guardian Signature

Date