



## Consent to Receive Counseling

Please **initial** each line and sign at the bottom to authorize services.

\_\_\_\_\_ I voluntarily agree to receive counseling services- which may include assessment, testing, and/or counseling- from a counselor, who is either licensed or not licensed \*(You will be notified if a counselor you are receiving services is not licensed).

\_\_\_\_\_ I understand my treatment is a cooperative effort between my counselor and me, and I will work with my counselor to resolve my difficulties. I understand that while Wellspring Counseling Center is a Christian institution, the counselors are trained to work with and respect the values of each client.

\_\_\_\_\_ I understand that counseling between couples and families will define the 'client' as anyone involved in the counseling sessions and it is not the counselor's stance to take sides with any one individual. If anyone involved in counseling is looking for support or evidence in a divorce or custody suit, then it is the recommendation of Wellspring Counseling Center for the involved parties to find a neutral independent evaluator.

\_\_\_\_\_ I understand all aforementioned services are consistent with the procedures governing confidentiality, protection of privacy and professional ethics as set forth by the American Counseling Association. I understand confidentiality may not be maintained if my counselor has reason to believe I am suicidal, homicidal, or if there is any knowledge or suspicion of abuse of a minor child, persons with severe disability or the elderly. I understand information contained in my confidential files will not be released to any person(s) outside of Wellspring Counseling Center without my written consent.

\_\_\_\_\_ I understand that it is expected that all modified and updated court orders will be provided to the counselor as they occur.

\_\_\_\_\_ I understand that if I arrive fifteen minutes late for my counseling session, my counselor reserves the right to cancel the session. A pattern of canceling sessions with less than 24 hours of notice may result in the termination of my relationship with my counselor as well as a no show fee.

\_\_\_\_\_ I understand that tokens of appreciation are not encouraged for services rendered.

\_\_\_\_\_ I understand that weapons of any sort are not permitted within the building, including firearms, knives, explosives, etc.

\_\_\_\_\_ I consent for my counselor/therapists to communicate with me by mail and by phone and I will IMMEDIATELY advise the counselor in the event of any change.

\_\_\_\_\_ The Counselor discussed the Consent to Receive Counseling form with me and I have received the Wellspring Counseling Center Privacy Notice.

*My signature below indicates I have read, understand and am giving my approval and agreement for these services and the conditions of this consent form. I have asked my counselor for any needed clarification of the procedures and conditions mentioned in this form. This signed Consent authorizes Wellspring Counseling Center counselors to provide treatment and also affirms that all statements in this form are true and accurate.*

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_

Date: \_\_\_\_\_