



Harmony Counseling Center
INFORMED CONSENT FOR COUNSELING

In the event that I believe you are in danger, physically or emotionally, to yourself or another person, you specifically consent for me to warn the person in danger and to contact the following person, in addition to medical and/or law enforcement personnel:

Emergency Contact Telephone Number

You consent for me to communicate with you by mail, e-mail, and/or phone at the following address and phone number, and you will IMMEDIATELY advise me in the event of any change:

Personal Street Address E-Mail Address Telephone Number

With an understanding of the above requirements as well as those noted in the Professional Disclosure Statement and the HIPPA Notice of Privacy Practice that I received, I agree to participate in counseling utilizing both face-to-face and/or telehealth platforms. I release the counselor and Harmony Counseling Center from liability of the same.

I permit Harmony Counseling Center to release and furnish all medical and financial data related to my care that may be necessary for the purpose of my treatment, payment, or healthcare operations. I further acknowledge that I have been informed that I have the right to request restrictions of uses and disclosures of your health information; however, Harmony Counseling Center is not required to agree to a requested restriction.

Client Name Date

Client Signature Date

Counselor's Signature Date

If the client is a minor, the legal guardian (managing conservator) must sign the statement below: Concord Church Counseling Ministry requires documentation of conservatorship/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 legal guardian (managing conservator) of (minor's name). With an understanding of the above requirements as well as those noted in the Professional Disclosure Statement that I received, I do grant permission for my child to participate in counseling and release in the counselor and the Center from liability for same.

Managing Conservator's Signature Date