



**TOUCHSTONE COUNSELING SERVICES, INC.**

## **Consent for Counseling**

The services at Touchstone are conducted by licensed clinicians and state registered interns. Sessions with interns are reviewed by professional, licensed clinicians who maintain appropriate standards of confidentiality.

All information, within the limits stated below, will be treated as confidential. Information will be released only with the written consent of the client, specifying the extent of material to be disclosed and to whom, or by order of a court of appropriate jurisdiction.

All counseling is confidential with the following limits: a) a report of abuse of a child, elderly or disabled person, b) report of intent to harm self or others, c) a legal subpoena issued by a judge directly requiring waiver of the privilege of confidentiality, or d) professional supervision group. All other releases must have your written permission.

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**Client Signature**

**Date**

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**Parent's Signature if Minor**

**Date**

# **CONSENT**

**(see back of this form for information about patient rights)**

**Patient to receive a copy of this consent form**