

Sandra Garton Breech, M.Ed.

Licensed Professional Counselor, Registered Play Therapist

**INFORMED CONSENT FOR PROFESSIONAL SERVICES AND
PROFESSIONAL DISCLOSURE STATEMENT**

Welcome! This is a counseling practice deeply committed to quality care. It is my hope that the issues that have brought you into counseling may be resolved as we work together.

I, _____, request and consent to professional services provided by **Sandra Garton Breech, M.Ed., LPC, RPT**, who assumes full professional and legal responsibility for all services rendered.

The nature of the services to be rendered has been explained to me fully, and I understand that no guarantees, other than professional opinions and/or services based on prudent professional procedures and judgment, are given or implied regarding this case. With an understanding of the above requirements and conditions, I agree to participate in counseling and release the counselor from any liability. My signature affirms my informed, voluntary consent to receive counseling.

I understand and agree that I will assume the full responsibility for the charges incurred as per arrangements I clearly understand and agree to initially. I further understand that all confidential information regarding my case will not be made available to any other parties without my specific written authorization.

Client Signature

Dated

Client Name (Print Please)

Dated

Parent or Legal Guardian

Dated