

Consent for Services--ADDENDUM

By signing this consent form you are indicating that you have been provided a paper copy of the Service Agreement Addendum for the *identified program* with Brighter Futures Counseling PLLC. You further acknowledge that you understand and agree to the policies set forth the in the Service Agreement Addendum for the *identified program*.

****Please do not hesitate to ask any questions at any time. ****

Client Name: _____

Date of Birth: _____

SS#: _____

Identified Program:

- Couple’s Counseling
- Parenting Program
- Co-Parenting Program
- Anger Management Program
- Batterer’s Intervention Program (BIP)
- Women Who Use Force Program (WWUF)

My signature below means that I consent to receive the identified service and have read and agree to all of the points described in the *Identified Program’s* Service Agreement Addendum of Brighter Futures Counseling, PLLC.

Client/Guardian Signature

Date

Client/Guardian Name (Print)

Date

Witness

Date