

Consent for Services

By signing this agreement you are giving consent to receive therapeutic services from Brighter Futures Counseling, PLLC.

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

Client Name: _____

Date of Birth: _____

SS#: _____

I acknowledge that I have received a paper copy of the Professional Service Agreement of Brighter Futures Counseling, PLLC (The Professional Service Agreement). My signature below means that I consent to be treated and have read and agree to all of the points described in the Professional Services Agreement of Brighter Futures Counseling, PLLC.

Client/Guardian Signature

Date

Client/Guardian Name (Print)

Date

Witness

Date