

# **INFORMED CONSENT PAGE**

Community Care and Counseling of Aiken

## **Consent to Treat**

I acknowledge that I have received and read the "Things You Should Know about Counseling" and "What You Should Know about Your Counselor". I have also received Community Care and Counseling of Aiken's "Privacy Practices". I further acknowledge that I consent to seek treatment from Community Care and Counseling of Aiken. My signature below confirms that I understand and accept all the information contained in the "Things You Should Know about Counseling" and "What You Should Know about Your Counselor" Forms.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Received Privacy Notice

\_\_\_\_\_  
Date

## **Consent for Treatment of Minors**

This is to certify that I am the legal guardian for the child (children) named below, and that I give my permission to Community Care and Counseling of Aiken to provide counseling for my child (children). Types of counseling/therapy may include individual, family, play therapy, group counseling, and testing. This treatment may also include referrals to other appropriate professional agencies. I understand that I will be kept informed about treatment options reserving the right to accept or decline treatment recommendations.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

## **Consent to Receive Mail at Home**

Community Care and Counseling of Aiken may send mail to me at my home address. I understand that the Center may bill me at my home for any unpaid balance on my account or a returned check without my written consent.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

## **Social Media Policy**

I acknowledge that I have received and read Community Care and Counseling of Aiken's "Social Media Policy".

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

I accept responsibility for communicating by text message or email. I understand the risks associated with this type of communication, however I would prefer to communicate by these methods about appointment reminders and scheduling, bills, or personal communication.

\_\_\_\_\_  
Signature of Client / Date

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

