



Southern Light Counseling

AUTHORIZATION AND INFORMED CONSENT

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CD Vendor # 002344001 GP NPI# 1346513744

AUTHORIZATION AND INFORMED CONSENT FOR COUNSELING/LIFE COACHING TREATMENT

_____ I hereby voluntarily consent to enter mental health Counseling and/or Life Coaching with Southern Light Counseling, LLC. for myself and/or minor child.

_____ I understand that all information disclosed during the course of Counseling and/or Life Coaching will be held in confidence with the exception of intervention with threats of harm to self or others, allegations of child abuse or neglect and/or court ordered disclosures, or the Children's Division with an open service case; and I have received an information packet containing detailed descriptions of these.

_____ I understand that all information will be held in strictest confidence and will not be released to anyone without my prior specific written permission. (Please see HIPPA Privacy Notice in Welcome Packet).

_____ I agree to be an active participant in my treatment or be a supportive other in my child's treatment. I acknowledge that there is never a guarantee in the outcome of my therapy or coaching and I may withdraw my child or myself from treatment whenever I desire. I acknowledge that all my records are property of Southern Light Counseling, LLC.

_____ I understand that co-pays and deductibles related to services are my responsibility and I will notify the Southern Light Counseling, LLC. office at 417 850 4555 if assistance is needed.

_____ I understand that I will be expected to notify my Counselor or Life Coach directly of the need to reschedule an appointment at least 24 hours in advance. I will commit myself to keeping my or my child's appointments as scheduled.

_____ I understand that as a parent or guardian, I am responsible for my child while attending an appointment at Southern Light Counseling, LLC. The Southern Light Counseling, LLC staff will not provide childcare.

_____ I understand that failure to cancel an appointment or not showing up (or not being at the agreed upon location) for 3 times within a 3 month period constitutes non-cooperation with treatment, and Southern Light Counseling, LLC. can no longer take responsibility for my mental health care.

_____ I hereby acknowledge that I have received a copy of the Southern Light Counseling, LLC. policies relating to either my child or me becoming a Southern Light Counseling, LLC. client. **Welcome Packet.**

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Client Consent to Participate in Counseling/Life Coaching Services

My signature below indicates that I have read the information in the packet entitled: "Welcome" , and this Authorization and Consent to Treatment Form, that I fully understand it, all my questions have been answered to my satisfaction, and that I agree to abide by its terms as long as my child or I are a client at Southern Light Counseling Counseling Center, LLC. By signing this form, I am authorizing and requesting for my child or myself to begin treatment with Southern Light Counseling, LLC.

Client's Name (Please Print)

Client's Signature

Date

Parent's or Legal Guardian's Name (Please Print)

Parent's or Legal Guardian's Signature

Date

As Clinician/Life Coach of record, my signature below indicates that I have discussed this form with above-named individual(s), and I have answered all questions asked regarding the information presented in this form.

Clinician/Life-Coach Signature

Southern Light Counseling, LLC., Affiliate

Date